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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	Berkshire Life Insurance Company of America
Product Name:	Care ProVider & Choice ProVider
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate
Date Submitted:	01/07/2020
SERFF Tr Num:	LFCR-132210833
SERFF Status:	Closed-Approved and Filed
State Tr Num:	LFCR-132210833
State Status:	Approved & Filed
Co Tr Num:	VA BG01(06/04) & (01/09) RATE INCREASE
Effective	On Approval
Date Requested:	
Author(s):	Scarlett Nazari, Anoush Chngidakyan, Darlene Smith
Reviewer(s):	Bill Dismore (primary)
Disposition Date:	05/13/2021
Disposition Status:	Approved and Filed
Effective Date:	

State: Virginia

Filing Company: Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Care ProVider &amp; Choice ProVider

Project Name/Number: /

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review &amp; Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/13/2021

State Status Changed: 05/13/2021

Deemer Date: 04/17/2021

Created By: Darlene Smith

Submitted By: Darlene Smith

Corresponding Filing Tracking Number:

State TOI: LTC03I Individual Long Term Care

Filing Description:

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

January 2, 2020

Commissioner Scott A. White  
 Bureau of Insurance  
 P.O. Box 1157  
 Richmond, Virginia 23218-1157

Re:Berkshire Life Insurance Company of America  
 NAIC No: 71714  
 Policy Form: BG01P(06/04)-VA, BG01P(01/09)-VA  
 Guaranteed Renewable Long Term Care Policy

Dear Commissioner White:

This rate filing is submitted on behalf of Berkshire Life Insurance Company of America (the "company") for your review.

Forms BG01P(06/04)-VA and BG01P(01/09)-VA are existing individual policy forms providing benefits for confinement in a qualified Nursing Facility, Assisted Living Facility, or Home Health Care. Form BG01P(06/04)-VA was approved in 2004 and issued between 2004 and 2010. Form BG01P(01/09)-VA was approved in 2009 and issued between 2010 and 2012. These policy forms are no longer being marketed in any state.

The company is requesting the approval of a 22% flat rate increase on current base rates for BG01P(06/04)-VA. Additionally, the company is requesting the approval of a two-year phase-in flat increase of 15% each year on the current base rates for BG01P(01/09)-VA, resulting in a cumulative 32.25% increase. The details of the rate increase are in the actuarial memorandum submitted with this cover letter.

The company will provide the following options to the policyholders to reduce the impact of the rate increase:

- Reduce the daily benefits, subject to a minimum of \$20
- Change benefit options to lower the premium
- Offer a paid up option which provides a benefit pool equal to the premiums paid

The following items are included in this submission:

- This cover letter
- A letter from Berkshire Life Insurance Company of America authorizing us to submit this filing on their behalf
- An actuarial memorandum and rate schedules
- Any other state required form

The contact person for this filing is:

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
 Consulting Actuary  
 21600 Oxnard Street, Suite 1500  
 Woodland Hills, CA 91367  
 800-366-5463 ext. 2232  
 Xiaoyan.Song@LifeCareAssurance.com

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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Thank you for your assistance in reviewing this filing.

Sincerely,

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary

## Company and Contact

### Filing Contact Information

Scarlett Nazari, Manager Product Filing	scarlett.nazari@lifecareassurance.com
P.O. Box 4243	818-867-2453 [Phone]
Woodland Hills, CA 91365-4243	818-867-2508 [FAX]

### Filing Company Information

(This filing was made by a third party - LCA01)

Berkshire Life Insurance Company of America	CoCode: 71714	State of Domicile:
Long Term Care Administrative Office	Group Code: 429	Massachusetts
P.O. Box 4243	Group Name:	Company Type:
Woodland Hills, CA 91365-4243	FEIN Number: 75-1277524	State ID Number:
(818) 867-2450 ext. [Phone]		

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**SERFF Tracking #:** LFCR-132210833

**State Tracking #:** LFCR-132210833

**Company Tracking #:** VA BG01(06/04) & (01/09) RATE  
INCREASE

**State:** Virginia

**Filing Company:** Berkshire Life Insurance Company of America

**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Care ProVider & Choice ProVider

**Project Name/Number:** /

## Filing Fees

### State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved and Filed	Bill Dismore	05/13/2021	05/13/2021

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	03/01/2021	03/01/2021
Info has been requested from company	Bill Dismore	11/13/2020	11/13/2020
Info has been requested from company	Bill Dismore	11/12/2020	11/12/2020
Info has been requested from company	Bill Dismore	11/12/2020	11/12/2020
Info has been requested from company	Bill Dismore	07/09/2020	07/09/2020
Info has been requested from company	Bill Dismore	06/03/2020	06/03/2020
Info has been requested from company	Bill Dismore	05/21/2020	05/21/2020
Info has been requested from company	Bill Dismore	05/20/2020	05/20/2020
Info has been requested from company	Bill Dismore	05/18/2020	05/18/2020
Info has been requested from company	Bill Dismore	03/30/2020	03/30/2020

### Response Letters

Responded By	Created On	Date Submitted
Scarlett Nazari	03/18/2021	03/18/2021
Darlene Smith	11/19/2020	11/19/2020
Darlene Smith	11/13/2020	11/16/2020
Darlene Smith	11/13/2020	11/16/2020
Darlene Smith	07/30/2020	07/30/2020
Darlene Smith	06/04/2020	06/04/2020
Darlene Smith	05/21/2020	05/21/2020
Darlene Smith	05/20/2020	05/20/2020
Darlene Smith	06/03/2020	06/03/2020
Darlene Smith	04/29/2020	04/29/2020

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	03/09/2020	03/09/2020
Info has been requested from company	Bill Dismore	01/08/2020	01/08/2020

### Response Letters

Responded By	Created On	Date Submitted
Darlene Smith	03/17/2020	03/17/2020
Darlene Smith	03/06/2020	03/06/2020

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Berkshire VA Rate Tables Rev.	Darlene Smith	11/10/2020	11/10/2020
Supporting Document	Certification of Compliance	Darlene Smith	11/10/2020	11/10/2020
Supporting Document	L&H Actuarial Memorandum	Darlene Smith	11/10/2020	11/10/2020
Supporting Document	Long Term Care Insurance Rate Request Summary	Darlene Smith	11/10/2020	11/10/2020

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Regarding Email Correspondence 11/9/20	Note To Reviewer	Darlene Smith	11/10/2020	11/10/2020
Extension request	Note To Filer	Bill Dismore	02/20/2020	02/20/2020
Extension Request	Note To Reviewer	Darlene Smith	02/20/2020	02/20/2020
Extension Request	Note To Filer	Bill Dismore	02/11/2020	02/11/2020
Extension Request	Note To Reviewer	Darlene Smith	02/07/2020	02/07/2020
Actuarial Final Summary & Opinion Report	Reviewer Note	Bill Dismore	08/18/2020	
RRS	Reviewer Note	Bill Dismore	01/08/2020	

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Disposition

Disposition Date: 05/13/2021

Effective Date:

Status: Approved and Filed

Comment:

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b>Number of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Berkshire Life Insurance Company of America	26.200%	26.200%	\$245,269	180	\$936,042	32.250%	22.000%

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document (revised)</b>	Certification of Compliance	Received & Acknowledged	Yes
<b>Supporting Document</b>	Certification of Compliance	Withdrawn	No
<b>Supporting Document</b>	Product Checklist	Received & Acknowledged	Yes
<b>Supporting Document (revised)</b>	L&H Actuarial Memorandum	Received & Acknowledged	Yes
<b>Supporting Document (revised)</b>	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
<b>Supporting Document</b>	TPA Authorization Letter	Received & Acknowledged	Yes
<b>Supporting Document (revised)</b>	BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF	Received & Acknowledged	Yes
<b>Supporting Document (revised)</b>	BG01P VA CNF - Redline & BG01P VA NF - Redline	Received & Acknowledged	Yes
<b>Supporting Document (revised)</b>	BG01P Virginia Statement of Variability	Filed	Yes
<b>Supporting Document (revised)</b>	Berkshire VA Objection Response Attachments 01 08 20 Rev1	Received & Acknowledged	Yes
<b>Supporting Document</b>	VA Response Letter 01 08 20	Received & Acknowledged	Yes
<b>Supporting Document</b>	VA Response Letter 03 09 20	Received & Acknowledged	Yes
<b>Supporting Document</b>	Berkshire Rate Filing Actuarial Memo VA Rev1 Redline	Received & Acknowledged	Yes
<b>Supporting Document</b>	VA Response Letter 03 30 20	Received & Acknowledged	Yes
<b>Supporting Document</b>	Berkshire VA Objection Response Attachments 03 30 20	Received & Acknowledged	Yes
<b>Supporting Document</b>	Berkshire Rate Filing Actuarial Memo VA Rev2 Redline	Received & Acknowledged	Yes
<b>Supporting Document</b>	VA Response Letter 05 18 20	Received & Acknowledged	Yes
<b>Supporting Document</b>	VA Response Letter 06 03 20	Received & Acknowledged	Yes



<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	VA Response Letter 07 09 20	Received & Acknowledged	Yes
Supporting Document	BG01P Virginia Statement of Variability Redline	Received & Acknowledged	Yes
Supporting Document	BG01P VA NF John Doe & BG01P VA CNF John Doe	Received & Acknowledged	Yes
Supporting Document	VA Response Letter 11 12 20	Received & Acknowledged	Yes
Supporting Document	BG01P VA NF CCR John Doe & BG01P VA CNF CCR John Doe	Received & Acknowledged	Yes
Supporting Document	BG01P VA NF Highlighted & BG01P VA CNF Highlighted	Received & Acknowledged	Yes
Supporting Document	BG01P VA NF CCR Highlighted & BG01P VA CNF CCR Highlighted	Received & Acknowledged	Yes
Supporting Document	VA Response Letter 11 13 20	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF	Withdrawn	No
Supporting Document	BG01P VA CNF - Redline & BG01P VA NF - Redline	Withdrawn	No
Supporting Document	BG01P Virginia Statement of Variability	Withdrawn	No
Supporting Document	Berkshire VA Objection Response Attachments 01 08 20	Withdrawn	No
Supporting Document	Flesch Score Berkshire-VA Filing	Filed	Yes
Supporting Document	VA Response Letter 03 01 21	Received & Acknowledged	Yes
Form (revised)	Policyholder Letter	Approved	Yes
Form	Policyholder Letter	Review Pending	No
Form (revised)	Policyholder Letter	Approved	Yes
Form	Policyholder Letter	Review Pending	No
Form (revised)	Coverage Change Request Form	Approved	Yes
Form	Coverage Change Request Form	Withdrawn	No
Form (revised)	Coverage Change Request Form	Approved	Yes

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Coverage Change Request Form	Withdrawn	No
Form	Policyholder Letter	Withdrawn	No
Form	Policyholder Letter	Withdrawn	No
Form	Policyholder Letter	Withdrawn	No
Form	Policyholder Letter	Withdrawn	No
Form	Coverage Change Request Form	Withdrawn	No
Form	Coverage Change Request Form	Withdrawn	No
Rate (revised)	Berkshire VA Rate Tables Rev.	Approved	Yes
Rate (revised)	Berkshire VA Rate Tables Rev.	Approved	Yes
Rate	Berkshire VA Rate Tables Rev.	Withdrawn	No
Rate	Berkshire VA Rate Tables Rev.	Withdrawn	No
Rate	Berkshire VA Rate Tables	Withdrawn	No
Rate	Berkshire VA Rate Tables	Withdrawn	No
Rate	Berkshire VA Rate Tables Rev.	Withdrawn	No

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/01/2021
Submitted Date	03/01/2021
Respond By Date	03/31/2021

Dear Scarlett Nazari,

### Introduction:

The Bureau has the following concerns and/or needs additional information to continue its review.

Please note, any revisions, modifications, or changes of any type to this filing must be clearly identified and explained in detail. For clarity, multiple changes should be summarized in a cover letter, etc.

### Objection 1

- Certification of Compliance (Supporting Document)

Comments: The certificate of compliance is not in conformity with 14 VAC 5-101-110 because it does not state the Flesch reading score, and a separate certification of readability was not provided. Please revise the Certificate of Compliance and provide us with the Certification of Readability with the Flesch reading scores for each form.

### Objection 2

- Policyholder Letter, BG01P VA CNF (Form)
- Policyholder Letter, BG01P VA NF (Form)
- Coverage Change Request Form , BG01P VA NF CCR (Form)
- Coverage Change Request Form , BG01P VA CNF CCR (Form)

Comments: There are two separate policyholder letters; one to be used with the contingent benefits upon lapse option, and one to be used with the nonforfeiture option.

Both the contingent benefit upon lapse option and the nonforfeiture option state that if no action is taken by the insured within 120 days of the increase, the options will be automatically applied. However, each letter states in the second to last paragraph that if premium is not received by the end of the grace period the policy will lapse. Each change form also states the same thing. These appear to conflicting statements and the forms should be revised for clarity.

### Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues described above. Upon subsequent review, other concerns may require attention.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/13/2020
Submitted Date	11/13/2020
Respond By Date	11/25/2020

Dear Scarlett Nazari,

### Introduction:

During our review of the proposed rates, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention and explained in detail. It will expedite the review process if all changes are highlighted and explained.

### Objection 1

- BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)
- Policyholder Letter, BG01P VA CNF (Form)
- Policyholder Letter, BG01P VA NF (Form)

Comments: 1) Per 14VAC5-101-70 E., "Any form submitted for approval shall be printed in at least 10-point type size."

Please make the header text, "Berkshire Life Insurance Company of America" at least the same type size as the rest of the text in the letter. In our review the current text appears to be in 8.5-point type size. We also recommend that the company name be bolded for prominence.

2) Per 14VAC5-101-60 2. requires the address of the company's home office appear in prominent print on all other forms.

Please add the company's address to BG01P VA CNF and BG01P VA NF forms.

### Objection 2

- Policyholder Letter, BG01P VA CNF (Form)

Comments: 4th bullet point on page 2, "Contingent Benefit Upon Lapse Option:" we have a concern involving the 2nd to last sentence in the paragraph that begins with, "This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date."

The concern arises for those policyholder who are on Waiver of Premium. How would the above sentence apply to a policyholder on Waiver of Premium for more than 120 days following the "rate increase effective date?"

Our concern would be addressed if the company amended the sentence to read, "This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date, or if you are on Waiver of Premium, within 120 days after the date you come off Waiver of Premium."

### Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within the "Respond by" date. No response could result in the filing becoming DISAPPROVED unless an extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,

Bill Dismore

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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/12/2020
Submitted Date	11/12/2020
Respond By Date	11/25/2020

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Dear Scarlett Nazari,

### **Introduction:**

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

### **Objection 1**

- BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)

Comments: We understand that the coverage change forms were filed as a Supporting Document in the previous filing LFCR-129536537. However, VA regulations have been updated since then.

Pursuant to 14VAC5-101-60. 1. the Coverage Change forms should have a form number in the lower left-hand corner of the first page of each form. It must be below all other text contained on the form.

### **Conclusion:**

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/12/2020
Submitted Date	11/12/2020
Respond By Date	11/20/2020

Dear Scarlett Nazari,

### **Introduction:**

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

### **Objection 1**

- BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)

Comments: Please move the updated Coverage Change forms from the Supporting Documentation tab to the Form Schedule tab since these forms are being revised.

### **Objection 2**

- Policyholder Letter, BG01P VA CNF (Form)

- Policyholder Letter, BG01P VA NF (Form)

Comments: Please provide a "John Doe" version of each policyholder notification letter and any accompanying forms (i.e. Change Request Form, etc). The Virginia BOI would like to see the "John Doe" versions as received by a policyholder.

### **Conclusion:**

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/09/2020
Submitted Date	07/09/2020
Respond By Date	08/09/2020

Dear Scarlett Nazari,

### Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention and explained in detail. It will expedite the review process if all changes are highlighted and explained.

### Objection 1

- VA Response Letter 01 08 20 (Supporting Document)

Comments: The March 3, 2020 response to Objection 13 states that the company is revising its rate request from the initial rate increase submitted on 1/07/2020. Please be more specific as to the requirements in 14VAC5-200-153 B. that prompted the change in the rate increase and what factors changed in order for the company to provide the appropriate certification.

### Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Based upon the Prospective Present Value Approach, our actuary suggests that a single 50% rate increase for form BG01P(06/04) and a single increase of 60% for form BG01P(01/09). As the single increase is less than the 3-year cumulative total proposed increases please advise if the Company would be open to accepting this alternative rate increase.

### Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an explanation for the Virginia cumulative historical and pending average rate increase being so much higher than the cumulative historical and pending average rate increase nationwide.

### Objection 4

- Certification of Compliance (Supporting Document)

Comments: Please revise the Certification of Compliance to comply with 14VAC5-101-110. The certification must state each applicable form number and the Flesch reading ease score of the filed policy form. Please note that readability must comply with 14VAC5-101-70.

### Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please describe the factor or factors that will prompt the Company to file for a future rate increase. For example, will a lifetime loss ratio that exceeds a minimum percentage be a trigger. Please state the specific trigger(s) for each form that will cause the company to file a future rate increase.

### Objection 6

- Policyholder Letter, BG01P VA CNF (Form)

- Policyholder Letter, BG01P VA NF (Form)

Comments: Page One

1) Last sentence in paragraph one should be variable in the event the company decides to do a single premium increase instead of a

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**Project Name/Number:** /

phased-in increase. Please also update the Statement of Variability for this revision.

2) Please correct the VA Bureau of Insurance website. The correct website is:

<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

Page Three

1) Please consider making the customer service phone number and available hours variable in the event they change in the future.

2) Consider making the signatory variable in the event of a future change.

3) Enclosure must list all documents included with the policyholder notification letter (i.e. business reply envelope, Coverage Change Request Form, etc.)

### Objection 7

- Policyholder Letter, BG01P VA CNF (Form)
- Policyholder Letter, BG01P VA NF (Form)

Comments: The policyholder letter should have a Mail Date on the form. Please revise to add this. Also update the Statement of Variability. The mail date must comply with 14VAC5-200-75 D demonstrating that the insurer is providing notice of an upcoming premium rate schedule increase at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this regulation.

### Objection 8

- BG01P Virginia Statement of Variability (Supporting Document)

Comments: The statement of variability (SOV) must be clear and complete as to which and when an item will vary. For example, in the Second Paragraph, the second and third increase percentages may not be applicable if there is no second or third increase. The SOV should clarify if a second and/or third increase has been or is approved by the Virginia Bureau of Insurance.

### Objection 9

Comments: Waiver of Premium

Please describe in detail the notification process (including the policyholder's selection of a premium adjustment option) when their premium becomes due once the waiver of premium ends. Describe how much time a policyholder has to respond and what options are available to the policyholder once waiver of premium ends.

### Objection 10

- VA Response Letter 06 03 20 (Supporting Document)

Comments: Please expand on your response to Objection 1 in your June 3, 2020 response. Describe specific triggers or factors that will prompt a future rate action by the company (i.e. Lifetime Loss Ratio exceeds a target percentage or other factors).

### Objection 11

- Policyholder Letter, BG01P VA CNF (Form)
- Policyholder Letter, BG01P VA NF (Form)

Comments: In the second paragraph, the table should be expanded to show the following in order to fully explain the premium changes:

Current Premium      [\$xxx.xx]    [xx.xx% Increase]    [New Premium on Policy Anniversary Date (Current Premium [\$xxx.xx] + [xx.xx% Increase])]



---

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

[Yr 2 Current Premium] [\$xxx.xx] [xx.xx% Increase] [New Premium on Policy Anniversary Date (Yr 2 Current Premium [\$xxx.xx]  
+ [xx.xx% Increase])]

[Yr 3 Current Premium] [\$xxx.xx] [xx.xx% Increase] [New Premium on Policy Anniversary Date (Yr 3 Current Premium [\$xxx.xx]  
+ [xx.xx% Increase])]

The Statement of Variability should be updated to reflect the bracketed items.

**Conclusion:**

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within the "Respond by" date. No response could result in the filing becoming DISAPPROVED unless an extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,  
Bill Dismore

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/03/2020
Submitted Date	06/03/2020
Respond By Date	07/03/2020

Dear Scarlett Nazari,

### Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention upon and explained in detail. It will expedite the review process if all changes are highlighted and explained.

### Objection 1

Comments: Thank you for your objection letter response dated 6/03/2020 to our objection letter of 5/18/2020. However, we were unable to find the answers to two of the three questions asked.

Please provide a response to the following:

1. Please describe the circumstances that would trigger a future rate action.
2. Explain why additional rate increases are needed and why they are not requested in this rate filing.

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

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## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/21/2020
Submitted Date	05/21/2020
Respond By Date	06/19/2020

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Dear Scarlett Nazari,

**Introduction:**

The Rate Action Information included within the submission was found to be in error as set forth below.

### Objection 1

Comments: Objection Response of 5/20/2020

Thank you for your quick response to our objection letter of 5/20/2020.

I apologize for my communication error involving Objection 1. part 2) in which I requested the prior rate increase % be stated. I should have asked the company to state the proposed rate change request. Please revise the "Percent Rate Change Request:" section under the Rate Action Information column for Item Nos. 1 and 2.

Thank you.

**Conclusion:**

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/20/2020
Submitted Date	05/20/2020
Respond By Date	06/19/2020

Dear Scarlett Nazari,

### Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention upon and explained in detail. It will expedite the review process if all changes are highlighted and explained.

### Objection 1

- Berkshire VA Rate Tables, [BG01P(06/04)-VA, BG01P(01/09)-VA] (Rate)

Comments: 1) Since Affected Form Numbers: BG01P(06/04)-VA and BG01P(01/09)-VA have different proposed rate increase percentages, please put each form number as a separate "Item No." under the Rate Rule Schedule tab.

2) Please indicate the prior rate increase % and SERFF filing number for each form that contains the currently approved rates.

3) Please revise the "Rate Action" to "Revised" instead of "New" since the rate action is a change to currently approved rates.

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/18/2020
Submitted Date	05/18/2020
Respond By Date	06/17/2020

Dear Scarlett Nazari,

### Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention upon and explained in detail. It will expedite the review process if all changes are highlighted and explained.

### Objection 1

Comments: The actuarial certification states this filing will enhance premium adequacy, but may not be sufficient to prevent future rate action.

- 1) Please describe the circumstances that would trigger a future rate action.
- 2) Please explain why this filing is not sufficient to prevent future rate action.
- 3) Describe the company's plan of action as to when they plan to file a future rate action.

### Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,  
Bill Dismore

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/30/2020
Submitted Date	03/30/2020
Respond By Date	04/29/2020

Dear Scarlett Nazari,

### Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention upon and explained in detail. It will expedite the review process if all changes are highlighted and explained.

### Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide actual-to-expected analysis of the Companys own historical experience for morbidity, mortality and lapse experience.

### Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: In Exhibits F1 and F2, there are some very large earned premium reductions in years 2016 2022, even in the no premium increase scenario which should not be affected by policyholder behavior assumptions. Please provide detailed calculations of the derivation of the premiums in those years with all factors shown.

### Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach (see attached description).

### Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,

Sincerely,  
Bill Dismore

# **Long-term Care Insurance**

## **Approaches to Reviewing Premium Rate Increases**

NAIC LTC Pricing Subgroup  
October 2018

### **Executive Summary**

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Several years ago, the NAIC Long-term Care Pricing Subgroup proposed changes to the NAIC Long-term Care (LTC) Model Regulation (Model 641) aimed at strengthening the pricing of LTC insurance. These proposed changes were adopted by the NAIC in August of 2014. These changes apply to LTC insurance policies issued on or after the date that the state where the policy is issued adopts the changes.

Despite these changes, along with changes made to the pricing methodology of LTC insurance in 2002, carriers find themselves in situations where they must increase premium rates in order to cover future expected claims. Most of these increases are implemented on blocks that are no longer open to new business. Regulators often treat the review and approval of these rate increases differently.

Over the past year, the LTC Pricing Subgroup studied and discussed approaches used by various states to review LTC rate increases. These approaches were discussed on public calls consisting of regulators, industry representatives, and consumer advocates. Through that process, this document was developed to serve as a resource that states can use in their review of LTC rate increases. The goal is to create a more predictable and transparent process for reviewing LTC rate increase filings.

### **Scope**

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This document describes two methodologies for computing rate increases for LTC insurance policies. Regulators should consider applicable laws in their state when applying these methods to a particular block of policies.

### **Background**

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Prior to 2002, LTC insurance was priced using a fixed lifetime loss ratio methodology. This methodology was meant to ensure that premium rates were not too high. However, as experience evolved, the premiums set using this methodology proved to be inadequate, leading to large rate increases. In addition, this approach allowed for the portion of the premium available for expenses and profit to increase when actual claims were higher than what was expected when the product was initially priced.

In 2002, a new method of pricing LTC insurance was adopted by the NAIC. This new method, known as the rate stabilization methodology, moved away from fixed loss ratios applied to initial premiums and moved to a rating methodology designed to increase the probability

that premiums will remain unchanged for the life of the contract, even under moderately adverse experience.

Even under the revised methodology, policyholders continue to experience large rate increases. In response, the NAIC Long-term Care Pricing Subgroup proposed changes to the NAIC Long-term Care Model Regulation (Model 641) aimed at strengthening the pricing of LTC insurance. These proposed changes were adopted by the NAIC in August of 2014. These changes apply to LTC insurance policies issued after the date that the state where the policy is issued adopts the revised regulation. The new model does not address rate increases consumers are experiencing on existing business.

The LTC Pricing Subgroup turned its focus to the review of these rate increases with the goal of developing a framework to achieve greater transparency and predictability in the review and approval of requests for LTC insurance rate increases.

## Approaches

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As a starting point, the subgroup surveyed states on various practices surrounding their review of LTC insurance rate increases. One of the first steps in the process was to develop consistency when using certain terms, including the term “recoupment of past losses”, when used in our discussions. For purposes of this document, the subgroup developed a consistent understanding of different categories of past losses.

The following charts illustrate the streams of potential losses or deficiencies stemming from two general sources – those stemming from past and future premiums being insufficient, and those stemming from past and future incurred claims being worse than expected.

At the time of a rate increase, sources of potential past premium deficiencies come from premiums that were paid by policyholders who:

- are active
- are in paid-up status (i.e., they are not on claim, but are no longer paying premium under the terms of the policy but may have future claims)
- have lapsed coverage, (i.e., they are not paying premium, are not on claim, and cannot have future claims)
- are disabled (i.e., on claim)

At the time of a rate increase, sources of future premiums come from the following two groups:

- policyholders who remain active and continue paying premiums
- policyholders who are currently on claim but recover and begin paying premiums again

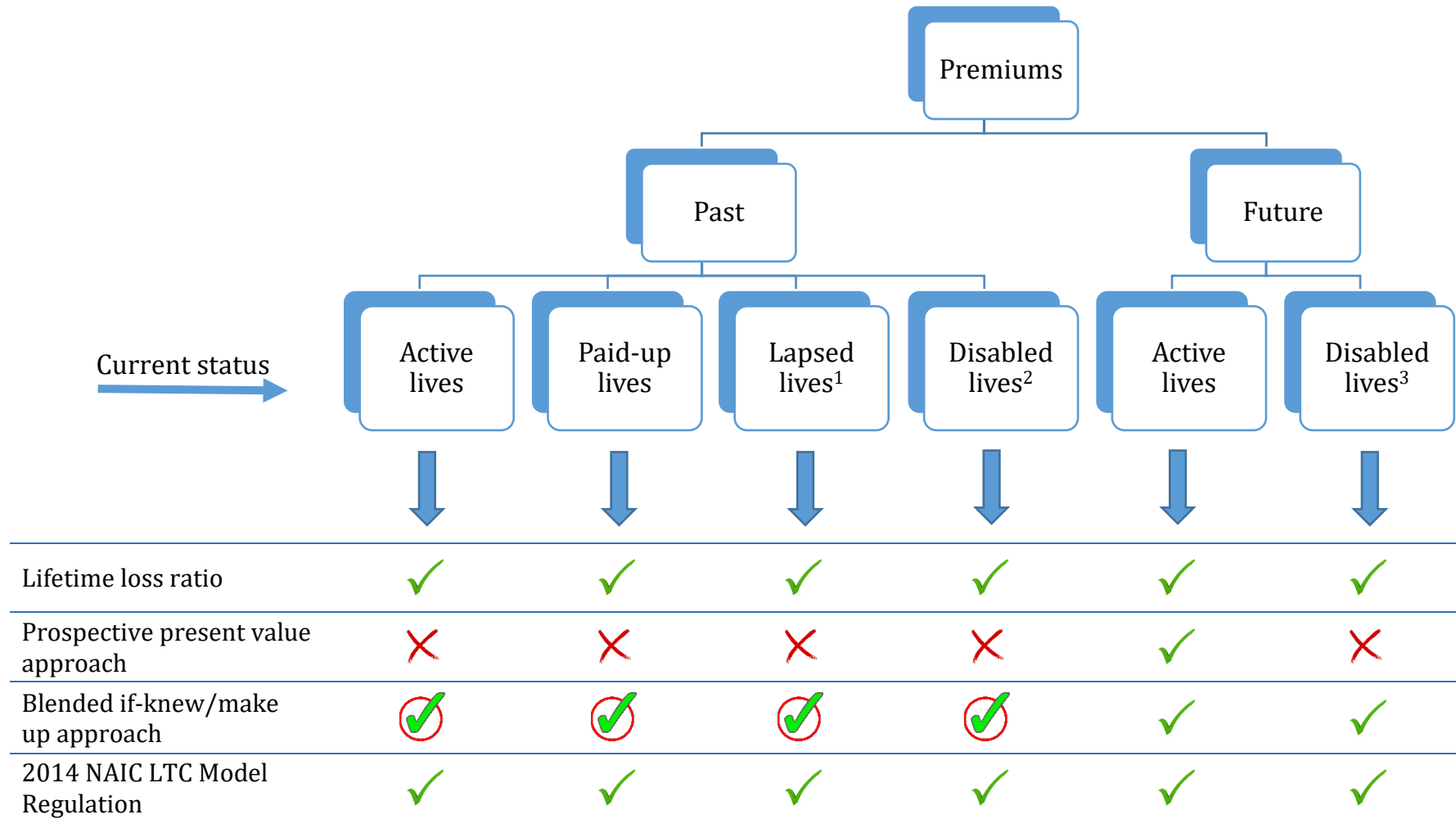
At the time of a rate increase, sources of future incurred claims are:

- active premium paying policyholders who go on claim in the future



- disabled policyholders who are currently on claim, recover, and go on claim again in the future
- paid-up policyholders – this source of future claims is recognized in lifetime loss ratio calculations but not in projections of future claims for rate increases

# Premium Shortfall Categories at the Time of a Rate Increase Request



<sup>1</sup> Includes voluntary lapses and those who died prior to generating a claim

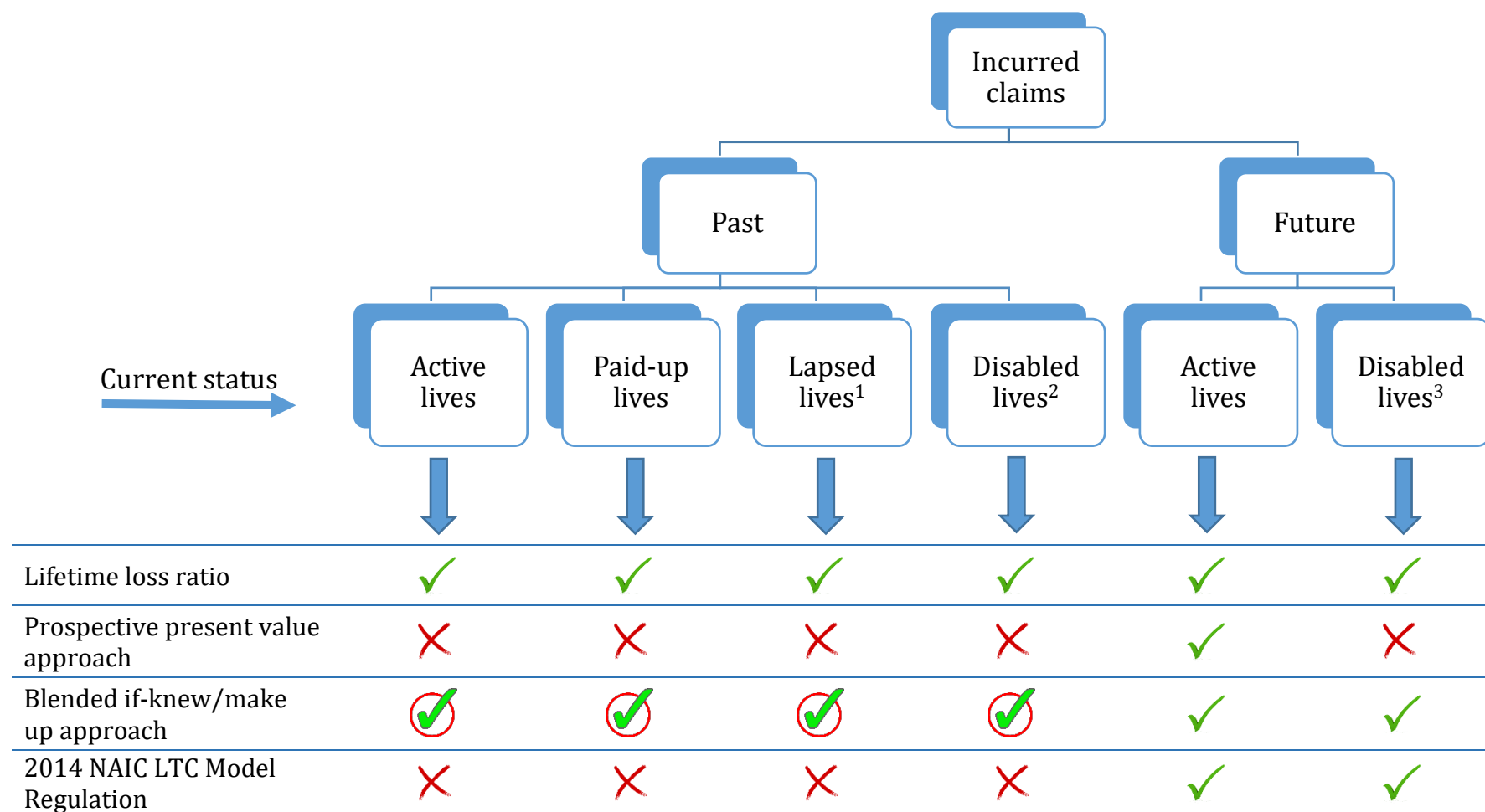
<sup>2</sup> Includes those who died while on claim and those who exhausted their benefits

<sup>3</sup> Current disabled lives who might recover in the future and resume paying premiums

✗ indicates that the category is not reflected in the methodology, and any deficiency needs to be funded from a source other than a rate increase.

However, the deficiency could be mitigated by catch-up and transitional adjustments to the prospective PV approach. ⊗ indicates a partial recoupment since the method blends if-knew, which does not allow for any recoupment, and make up, which allows for full recoupment.

# Categories of Adverse Claims Experience at the Time of a Rate Increase Request



<sup>1</sup> Includes voluntary lapses and those who died prior to generating a claim

<sup>2</sup> Includes those who died while on claim and those who exhausted their benefits

<sup>3</sup> Current disabled lives who might recover in the future and resume paying premiums

✗ indicates that the category is not reflected in the methodology, and any deficiency needs to be funded from a source other than a rate increase.

However, the deficiency could be mitigated by catch-up and transitional adjustments to the prospective PV approach. ⊗ indicates a partial recoupment since the method blends if-knew, which does not allow for any recoupment, and make up, which allows for full recoupment.

As a second step in the process, the pricing subgroup identified several general methodologies that were consistently used across states. These are:

- The lifetime loss ratio approach, which allows for full recoupment of past losses and often results in the largest rate increase
- Unique state approaches, which are designed to limit the recoupment of past losses
- The amended model regulation, which, like the state approaches, limits the recoupment of past losses

The two state approaches discussed in the pricing subgroup are described below.

### Prospective PV approach

This approach avoids a recoupment of past losses by considering only future projections. The following formula is used to compute an allowable rate increase for a block of LTC insurance policies:

$$\text{rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - \left( \frac{.58 + .85C}{1 + C} \right) \Delta PV(\text{future earned premiums})}{.85 PV_{\text{current}}(\text{future earned premiums})}$$

where:

- $\Delta$  indicates the change in present value (PV) due to the change in actuarial assumptions between the time of the last rate increase (or the original assumptions if there was no prior rate increase) and the current assumptions
- $C$  is the cumulative percent rate increase to date. For example, if the current rate, prior to the proposed rate increase, is 50 percent higher than the rate at initial pricing, then  $C = .5$

The *current* subscript in the denominator indicates that the PV should be computed using current assumptions. The future earned premiums in the formula are based on the current premiums prior to the proposed rate increase. Regulators may wish to consider the addition of margin to the rate increase. For example, the  $\Delta PV(\text{future incurred claims})$  term in the above formula could be multiplied by 1.1 to represent a 10 percent margin.

The formula is limited to **active, premium-paying policyholders** as of the time of the filing. All present value calculations in the formula should be based on the same set of current active lives.

For pre-rate stabilized policies, one could use .6 in place of .58 and .8 in place of .85:

$$\text{rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - \left( \frac{.6 + .8C}{1 + C} \right) \Delta PV(\text{future earned premiums})}{.8 PV_{\text{current}}(\text{future earned premiums})}$$

### Justification for the formula

The numerator represents the amount of additional funding needed, on a prospective basis, as a result of the change in actuarial assumptions. This amount reflects the increase in the PV of incurred claims, and is partly offset by the increase in the PV of future net premiums, where net premiums are computed by multiplying gross premiums by the loss ratio.

To compute the loss ratio, if  $P_0$  is the premium at initial pricing and  $P$  is the current premium prior to the proposed rate increase, then:

$$P = P_0(1 + C)$$

so

$$P_0 = \frac{P}{1 + C}$$

The portion of current premium due to prior increases is:

$$P - P_0 = P - \frac{P}{1 + C} = \frac{PC}{1 + C}$$

Applying a 58 percent loss ratio to the initial premium and an 85 percent loss ratio to the increase portion, the loss ratio is:

$$\frac{.58 \frac{P}{1 + C} + .85 \frac{PC}{1 + C}}{P} = \frac{.58 + .85 C}{1 + C}$$

Since a loss ratio of 85 percent applies to the rate increase, which provides the additional funding needed, then:

$$.85 \Delta PV_{\text{current}}(\text{future earned premiums}) = \Delta PV(\text{future incurred claims}) - \left( \frac{.58 + .85 C}{1 + C} \right) \Delta PV(\text{future earned premiums})$$

The percentage rate increase, computed as  $\Delta PV / PV$  of future earned premiums, is found by dividing both sides of the above equation by  $.85 PV_{\text{current}}(\text{future earned premiums})$ :

$$\text{rate increase \%} = \frac{\Delta PV(\text{future incurred claims}) - \left( \frac{.58 + .85 C}{1 + C} \right) \Delta PV(\text{future earned premiums})}{.85 PV_{\text{current}}(\text{future earned premiums})}$$

### **Possible Modifications to Prospective PV approach**

The prospective PV formula is intended to produce a rate increase that is adequate to fund the projected increase in future claim liabilities. However, a regulator should consider modifications to the formula based on the following:

- Disapproval of a prior actuarially justified rate increase.
- A prior actuarially justified rate increase reduced by the regulator.
- Approval of a prior actuarially justified rate increase after significant delay, offset by any company delay in filing for an actuarially justified rate increase.

Note that the use of any prior “actuarially justified” rate increase requires justification and support, which may vary by company and by state. The use and amount of any prior actuarially justified rate increase must be agreed to by both the regulator and the company.

Examples of the modifications that could be made to the prospective PV formula are described below:

### **Catch-up Provision (For rate increase requests denied or delayed)**

If part of a past rate increase request has been denied, or if there was a material delay in the prior approval, for the new rate to be consistent with the underlying methodology of the Base Formula, a company must be granted an additional rate increase amount, called the catch-up provision. The catch-up provision is designed to reflect in a new rate increase the necessary additional premiums based on the assumptions provided to the department at the time of the previous rate increase request that were not approved with the prior filing(s). It will not take into account any deviation in actual experience from assumed experience during that time period.

$$\begin{aligned} \text{Catch-up rate increase \%} = & \frac{\text{AV}(\text{premiums requested}^P) - \text{AV}(\text{premiums approved}^P)}{\text{PV}_{\text{current}}(\text{future earned premiums})} \\ & + \frac{\text{PV}(\text{premiums requested}^F) - \text{PV}(\text{premiums approved}^F)}{\text{PV}_{\text{current}}(\text{future earned premiums})} \end{aligned}$$

Where:

AV is the Accumulated Value at the time of the new rate increase request using the actuarial assumptions made at the time of the previous rate increase request(s).

PV is the Present Value at the time of the new rate increase request using the actuarial assumptions made at the time of the previous rate increase request(s).

Premiums Requested<sup>P</sup> is the total past premiums that would have been collected had the entire rate increase request been granted in a timely manner based on the actuarial assumptions made at the time of the previous rate increase request(s)

Premiums Requested<sup>F</sup> is the total future premiums that would have been collected had the entire rate increase request been granted in a timely manner based on the actuarial assumptions made at the time of the previous rate increase request(s)

Premiums Approved<sup>P</sup> is the total past premiums that were collected based on the rate increase approved at the time of the previous rate increase request(s)

Premiums Approved<sup>F</sup> is the total future premiums that would have been collected based on the rate increase approved at the time of the previous rate increase request(s)

For pre-rate stabilized policies, use .8 in place of .85.

**Transition Provision (For Pre-Rate Stability products and other products where the last rate increase requests was voluntarily reduced by the company)**

If the prior rate increase request was not subject to the Rate Stability actuarial certification or a past rate increase request has been voluntarily reduced from the amount per such certification, a transition period needs to be established for companies to make a single filing to provide the full amount of premium necessary to meet the actuarial certification (consistent with the Model Bulletin calculation requirements). This transition filing would establish the assumptions to be used as the “prior assumptions” for future Base Formula requests and the maximum “Prior Premium” scale for these policies based on those prior assumptions. For any new filing of a rate increase to the Prior Rate scale to be consistent with the underlying methodology of the Base Formula, a company must be granted increases from the current approved premium scale up to but not above the maximum Prior Premium scale as part of the Transition amount. In this instance, the company will not be allowed to recapture past premiums that would have been collected if the rate increase request had not been voluntarily reduced. To the extent that a company requests a Transitional increase and a state denies or reduces the amount, the amount denied would be allowed in future rate increase requests under the Catch-Up Provision.

$$\text{Transition rate increase \%} = \frac{\text{PV}(\text{premiums justified}) - \text{PV}(\text{premiums requested})}{\text{PV}_{\text{current}}(\text{future earned premiums})}$$

Where:

PV is the Present Value using the actuarial assumptions made at the time of the previous rate increase request(s).

Premiums Justified is the total future premiums that would have been collected had the previous rate increase request been based upon the entire amount calculated in the Base Formula and Catch-up Provisions at the time of the previous rate increase request(s)

Premiums Requested is the total future premiums that would have been collected based on the entire rate increase requested at the time of the previous rate increase request(s)

For pre-rate stabilized policies, use .8 in place of .85.

### **Calculation of Entire Rate Increase**

Total Rate Increase = Base Formula Increase % + Catch-up Increase % + Transition Increase %

### **Blended If-Knew/Make-up Approach**

This approach begins with the computation of if-knew and makeup rate increases, as described in the definitions below. Next, a blended average is computed between the if-knew and make-up increases, where the makeup component is weighted based on the percentage of original policyholders remaining in active, premium-paying status. Finally, a cost-sharing function is applied to determine the portion of the rate increase that is paid by policyholders, while the remainder is a cost borne by the company.

This approach requires the use of all components outlined in this section. It is not appropriate to use only one part of this approach to determine a rate increase.

Key definitions include:

- If-knew increase – increase to the premium rates such that the resulting rates, if in effect from inception of the form, would produce the greater of the initial target lifetime loss ratio or minimum loss ratio applicable to the form
- Make-up increase – increase to the premium rates such that the resulting rates, if in effect in future years, would produce the greater of the initial target lifetime loss ratio or minimum loss ratio applicable to the form
- Blended increase – weighted average of if-knew increase and makeup increase, with the makeup component weighted based on the percentage of the original policyholders remaining in active, premium-paying status
- Cost-sharing increase – blended increase reduced by the cost-sharing formula described below
- Maximum allowable rate increase – an increase that, in addition to any prior rate increase, results in a cumulative rate increase equal to the cost-sharing increase



## Cost sharing

This approach requires a state to establish a cost-sharing formula to be applied the rate increase determined under this approach. The table below is an example of a formula where the rate increase is sliced into layers. The policyholder's share of the rate increase decreases with each layer.

Blended increase	Policyholder share of the increase
0-15%	100%
15-50%	90%
50-100%	75%
100-150%	65%
>150%	50%

For example, a blended increase of 70 percent would be sliced into three layers, consisting of 15 percent in the 0-15% layer, 35 percent in the 15-50% layer, and the remaining 20 percent in the 50-100% layer. The policyholder's share of a 70 percent blended increase would be  $100\% \times 15\% + 90\% \times 35\% + 75\% \times 20\% = 15\% + 31.5\% + 15\% = 61.5\%$ .

The example below illustrates the application of this method. It assumes that the minimum loss ratio applicable to the policy is 60 percent and that at the time of the rate increase filing, 40 percent of the original policyholders remain and are paying premium.

	Without current increase			Premium at if knew level			Premium at make up level			With allowable rate increase		
Experience	Earned Premium		Incurred	Earned	Incurred	Loss	Earned	Incurred	Loss	Earned	Incurred	Loss
Period	Original	Actual	Claims	Premiums	Claims	Ratio	Premiums	Claims	Ratio	Premiums	Claims	Ratio
Past	100	110	50	208	50	24%	110	50	45%	110	50	45%
Future	60	78	150	125	150	120%	223	150	67%	137	150	109%
Lifetime	160	188	200	333	200	60%	333	200	60%	247	200	81%
Loss ratio at the original premium level				125%								
Minimum loss ratio applicable to the form				60%		Layer	PH share					
If-knew increase				108%		15%	100%					
Make-up increase				272%		35%	90%					
Remaining policyholders percentage				40%		50%	75%					
Blended increase				174%		50%	65%					
Cost-sharing increase				128%		24%	50%					
Past rate increase				30%		174%						
Maximum allowable rate increase				76%								

There are many possible refinements of the basic approach described above, such as:

- reducing the allowable increase if the original premiums were unreasonably low (i.e. lower than a benchmark premium calculated using assumptions that are deemed appropriate for the period in which the policy was priced and issued)
- basing the if-knew and make-up increases on a measure of profitability rather than on a target or minimum loss ratio standard

- calculating present values using actual and expected investment returns rather than statutory valuation rates
- specifying how margins for adverse experience and waiver of premium benefits should be treated in the loss ratio calculation
- specifying the level of granularity of the rate increase calculation (i.e. whether the rate increase should vary by benefit features, underwriting criteria, etc.)

### **NAIC Model Regulation**

Section 20.1(C)(2) of the Model Regulation describes a 58/85 loss ratio standard, which recognizes the lesser of actual or expected past claims. The allowable rate increase computed according to the Model Regulation's loss ratio standard applicable on the issue date of the policy, serves as a ceiling when using either of the above approaches.

## **Comparison of Approaches**

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Below are summaries of the results produced under each method for three actual rate filings received from three different carriers.

For each carrier, the earned premiums and incurred claims were multiplied by a random number to mask the carrier's actual data. Note that all yearly figures are discounted with interest:

### **Carrier #1**

<b>Summary of rate filing</b>	
Type	Pre Rate Stabilized (Individual)
Rate increase history	40% in 2010; 25% in 2015
Cumulative rate prior increase	$1.40 \times 1.25 - 1 = 75\%$

<b>Accumulated and present values at 4.5% interest rate</b>				
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims	Earned premiums	Incurred claims
Past	29,881,320	30,254,745	29,312,302	30,254,745
Future	6,396,557	64,064,583	8,276,125	81,078,884
Lifetime	36,277,877	94,319,328	37,588,427	111,333,629

<b>Summary of calculations</b>	
Estimated % of active policyholders remaining	50%
Lifetime LR	296%
Maximum rate increase under 60/80 lifetime LR standard	1321%
Blended if-knew & makeup components:	
Makeup increase	3268%
"If knew" rate increase	498%
Blended with 50% active policyholders remaining:	1883%
With cost sharing	983%

<b>Blended if-knew &amp; makeup rate increase*</b> (after backing out prior 69.6% cumulative rate increase)	<b>519%</b>
<b>Prospective PV allowable rate increase</b>	<b>238%</b>
* Rate increase assumes: (1) benchmark premium = original premium; and (2) 50% actives remaining.	

## Carrier #2

Summary of rate filing	
Type	Rate stabilized (individual)
Rate increase history	None
Cumulative prior rate increase	0%

Accumulated and present values at 4% interest rate				
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims	Earned premiums	Incurred claims
Past	2,605,954	41,528	2,605,954	41,528
Future	4,537,414	3,795,819	4,382,489	5,514,785
Lifetime	7,143,367	3,837,347	6,988,442	5,556,313

Summary of calculations	
Estimated % of active policyholders remaining	71%
Lifetime LR	80%
Maximum rate increase under 58/85 lifetime LR standard	40%
Blended if-knew & makeup components:	
Makeup increase	59%
"If knew" rate increase	37%
Blended with 71% active policyholders remaining:	53%
With cost sharing	49%
<b>Blended if-knew &amp; makeup allowable rate increase<sup>1,2</sup></b>	<b>49%</b>
<b>Prospective PV allowable rate increase<sup>2</sup></b>	<b>49%</b>
<sup>1</sup> Rate increase assumes: (1) benchmark premium = original premium; and (2) 71% actives remaining.	
<sup>2</sup> The allowable rate increase would be limited to 40% based on the 58/85 lifetime loss ratio standard.	

## Carrier #3

Summary of rate filing	
Type	Rate stabilized (individual)
Rate increase history	None
Cumulative prior rate increase	0%

Accumulated and present values at 4.5% interest rate				
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims*	Earned premiums	Incurred claims*
Past	1,272,279	221,055	1,272,279	221,055

Future	659,852	1,098,641	864,521	2,561,128
Lifetime	1,932,131	1,319,696	2,136,800	2,782,183

\* Projected incurred claims include a 10% moderately adverse experience load.

Summary of calculations	
Estimated % of active policyholders remaining	77%
Lifetime LR	130%
Maximum rate increase under 58/85 lifetime LR standard	210%
Blended if-knew & makeup components:	
Makeup increase	308%
"If knew" rate increase	124%
Blended with 77% active policyholders remaining:	266%
With cost sharing	174%
<b>Blended if-knew &amp; makeup allowable rate increase*</b>	<b>174%</b>
<b>Prospective PV allowable rate increase</b>	<b>183%</b>
* Rate increase assumes: (1) benchmark premium = original premium; and (2) 77% actives remaining.	

## Other Considerations

### Premium Rate Increase Caps

Some states, either by regulation or administrative practice, place caps on premium rate increases. In particular, New Hampshire adopted a rule that caps rate increases based on the insured's attained age. In general, caps implemented by states have no actuarial basis, but instead are arbitrarily administered.

Although it is understandable that states may favor arbitrary caps in the interest of protecting policyholders from large rate increases, one concern is a potential solvency risk if actuarially justified rate increases are postponed along with the potential for substantial reductions in benefits due to state-specific guaranty fund limits. In addition, the need for future rate increases will be greater based on the degree to which requested rate increases are capped. Many states have worked with companies to successfully address large rate increases through the use of a pre-approved series of incremental increases, allowing rates to reach the appropriate level while fully informing the policyholders of the timing and amount of the full series of increases.

### Delays in Filing and Delays in Approval of Rate Increases

Similar to arbitrary rate caps, delays in implementing actuarially justified rate increases due to either a carrier failing to file a needed rate increase, or delays in the regulatory approval of a needed rate increase, can pose a potential solvency risk. Several LTC insurance carriers have commented that delays in the implementation of needed rate increases lead to significantly higher rate increases later. For example, one carrier with a large block of LTC business estimated that each one-year delay of a needed rate increase adds a 5 to 10 percentage point increase to the needed rate increase.

### **Lifetime Loss Ratio Issue**

Some regulators believe it is inappropriate to approve a rate increase that would lead to a lower projected lifetime loss ratio than in the prior rate increase filing. Where the prior filing was consistent with actuarially certified adequate premiums this would generally be an appropriate expectation unless sufficient justification is provided for an exception. Where the prior rate filing was not consistent with actuarially certified adequate premiums (e.g. most pre-rate stability business or filings limited by rate caps) or the company noted in its filing that if experience did not improve that additional rate increase filings are likely, the projected loss ratio from such a prior filing is not an appropriate limit.

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/09/2020
Submitted Date	03/09/2020
Respond By Date	04/08/2020

Dear Scarlett Nazari,

### Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention upon and explained in detail. It will expedite the review process if all changes are highlighted and explained.

### Objection 1

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please provide an updated Long Term Care Insurance Rate Request Summary that reflect the revised changes submitted in the Company's 3/06/2020 objection response.

### Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the rationale for combining of forms BG01P(06/04) and BG01P(01/09) into a single rate revision filing. As stated in your response to our objection on 3/06/2020, form BG01P(0604) had a previous rate revision filing under LFCR-129536537 and this filing did not include the experience of form BG01P(01/09) in that filing.

### Objection 3

- BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)

Comments: Please move these forms from the Supporting Documentation tab to the Form Schedule tab since it appears the Company is amending these forms.

### Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,

Sincerely,

Bill Dismore

**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

## Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/08/2020
Submitted Date	01/08/2020
Respond By Date	03/06/2020

Dear Scarlett Nazari,

### Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

### Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a current status of rate increase requests, both approved and pending, along with each state's cumulative total increases and the nationwide overall cumulative average increase. Provide this for all states, including VA, with inforce policies.

### Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the anticipated lifetime loss ratio at the time of original pricing for this policy form utilizing the original pricing assumptions for morbidity, mortality, lapse and interest, including the original margins for moderately adverse experience. If this ratio exceeds 58%, please supply an alternate demonstration that the requested rate increase would meet the requirements of the 58/85 test if 58% was replaced with the original anticipated lifetime loss ratio as calculated above. Note, in the previous rate increase filing (LFCR-129536537) the original anticipated loss ratio appears to be 66% rather than 58%. Please confirm.

### Objection 3

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.

### Objection 4

- L&H Actuarial Memorandum (Supporting Document)

Comments: Re-state the nationwide experience using Virginia approved rates.

### Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.

### Objection 6

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a loss ratio projection (both past and future) which reflects all the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Objection 7**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Since a prior 25% rate increase has been approved for the form BGOIP(06/04) VA, provide an explanation as to why an additional rate increase is needed and a comparison of the differences in the assumptions used in the prior filing with those experienced included. (Note: If experience developed as projected, or close to it, why is an additional rate increase being requested? Were any margins included in the prior rate filing to account for this?)

**Objection 8**

- L&H Actuarial Memorandum (Supporting Document)

Comments: What steps have been taken to minimize rate increases on this block of business?

**Objection 9**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as projected including a demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted.

**Objection 10**

- L&H Actuarial Memorandum (Supporting Document)

Comments: If the company cannot certify that no further rate increases are anticipated, then provide the lifetime loss ratio to which the company intends to target for these forms.

**Objection 11**

- L&H Actuarial Memorandum (Supporting Document)

Comments: If a landing spot (i.e. reduction or removal of an inflation rider) is an option to reduce the impact of the proposed rate increase, please demonstrate that the proposed landing spots are actuarially equivalent to the requested rate increase.

Since the Virginia Bureau of Insurance is concerned with policyholder equity, please provide several examples (including outliers) of the variability in the relative present value of each option available in lieu of increase from the individual policyholder perspective.

**Objection 12**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the Contingent Benefit Upon Lapse will be offered to all policyholders regardless if the trigger requirements are met or not.

**Objection 13**

- L&H Actuarial Memorandum (Supporting Document)

Comments: For compliance with the requirements of 14VAC5-200-153 B, which requires a certification by a qualified actuary that if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated. However, the Virginia Bureau of Insurance will waive this requirement if the Company agrees to the following:

a. The Company provides a certification for the entire rate increase needed and provides supporting documentation separately for the amount needed and the amount requested.

b. The Company provides a certification agreeing to notify policyholders of not only the premium rate increase that will be implemented but the amount that would be required to be charged pursuant to the requirements of 14VAC5-200-153 B.



**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

c. The Company provides a certification that it will agree not to seek another rate increase on these forms for a period of at least 36 months.

d. The Company provides a certification that any future rate increase on these forms could not attempt to recover the lost premium between the amount implemented and the increase needed to provide the certification pursuant to 14VAC5-200-153 B. That is, lifetime projections would need to be calculated using historical premiums at a level consistent with an original rate increase at the rate stabilization level (full amount needed to be certified under 14VAC 5-200-153 B) rather than the amount actually implemented.

**Objection 14**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please state the active life reserves for each policy form.

**Objection 15**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Since this block of business includes limited pay policies, please indicate whether any inforce policies have reached paid-up status. If so, please provide a demonstration that the requested rate increase would meet the requirements of the 58/85 test and the alternate 66/85 (if 66% is the original anticipated loss ratio) test if all paid-up policies are excluded from the projections.

**Objection 16**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a measure of the credibility of the Companys claim experience and how credibility was factored into the development of the morbidity assumptions.

**Objection 17**

- L&H Actuarial Memorandum (Supporting Document)

Comments: While a data source was provided for the current assumptions for claim length of stay, we could not locate the same for the claim incidence. Please indicate the source of the data used to derive the morbidity assumptions for claim incidence, including any adjustments made to such data to reflect company experience.

**Objection 18**

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if there are there any partnership policies outstanding in the Virginia blocks.

**Objection 19**

Comments: Policyholder Notification of Rate Increase

Please explain how the company intends to satisfy 14VAC5-200-75. If a previously approved policyholder notification letter and change request forms are to be used, place these approved forms under the Supporting Documentation tab and provide the SERFF tracking number granting their approval. Be sure to include the Statement of Variability for each form. Any changes or alterations should be marked and explained. If a new policyholder notification letter is to be provided, this should be filed under the Form Schedule for review and approval.

**Conclusion:**

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection letter is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

*Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.*

*Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.*

*Thank you for your courtesy and consideration in this matter.*

*Sincerely,  
Bill Dismore*

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
<b>Product Name:</b>	Care ProVider & Choice ProVider				
<b>Project Name/Number:</b>	/				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/18/2021
Submitted Date	03/18/2021

Dear Bill Dismore,

### **Introduction:**

### **Response 1**

#### **Comments:**

Please see updated Certification, Flesch score and Response Letter.

### **Related Objection 1**

Applies To:

- Certification of Compliance (Supporting Document)

Comments: The certificate of compliance is not in conformity with 14 VAC 5-101-110 because it does not state the Flesch reading score, and a separate certification of readability was not provided. Please revise the Certificate of Compliance and provide us with the Certification of Readability with the Flesch reading scores for each form.

### **Changed Items:**

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Cert of Compliance rev.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Certification of Compliance</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Cert of Compliance.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Certification of Compliance</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Cert of Compliance.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Certification of Compliance</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Cert of Compliance.pdf</i>

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Cert of Compliance rev.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Certification of Compliance</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Cert of Compliance.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Certification of Compliance</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Cert of Compliance.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Certification of Compliance</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Cert of Compliance.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	Flesch Score Berkshire-VA Filing
<b>Comments:</b>	
<b>Attachment(s):</b>	Flesch Score Berkshire-VA Filing.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

#### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Cert of Compliance rev.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Certification of Compliance</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Cert of Compliance.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Certification of Compliance</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Cert of Compliance.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Certification of Compliance</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Cert of Compliance.pdf</i>

<b>Satisfied - Item:</b>	Flesch Score Berkshire-VA Filing
<b>Comments:</b>	
<b>Attachment(s):</b>	Flesch Score Berkshire-VA Filing.pdf

<b>Satisfied - Item:</b>	VA Response Letter 03 01 21
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 01 21.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 2

##### Comments:

Please see updated forms and Response Letter.

#### Related Objection 2

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

*Applies To:*

- Policyholder Letter, BG01P VA CNF (Form)
- Policyholder Letter, BG01P VA NF (Form)
- Coverage Change Request Form , BG01P VA NF CCR (Form)
- Coverage Change Request Form , BG01P VA CNF CCR (Form)

*Comments: There are two separate policyholder letters; one to be used with the contingent benefits upon lapse option, and one to be used with the nonforfeiture option.*

*Both the contingent benefit upon lapse option and the nonforfeiture option state that if no action is taken by the insured within 120 days of the increase, the options will be automatically applied. However, each letter states in the second to last paragraph that if premium is not received by the end of the grace period the policy will lapse. Each change form also states the same thing. These appear to conflicting statements and the forms should be revised for clarity.*

#### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 03 01 21
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 01 21.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 03/18/2021 By: Scarlett Nazari
Previous Version								
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 11/19/2020 By: Darlene Smith
Previous Version								
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
Previous Version								
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 03/18/2021 By: Scarlett Nazari
Previous Version								
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 11/19/2020 By: Darlene Smith
Previous Version								
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
Previous Version								
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith



<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 03/18/2021 By: Scarlett Nazari
3	Coverage Change Request Form	BG01P VA NF CCR	OTH	Initial			BG01P VA NF CCR.pdf	Date Submitted: 03/18/2021 By: Scarlett Nazari
<i>Previous Version</i>								
3	Coverage Change Request Form	BG01P VA NF CCR	OTH	Initial			BG01P VA NF CCR.pdf	Date Submitted: 11/19/2020 By: Darlene Smith
<i>Previous Version</i>								
3	Coverage Change Request Form	BG01P VA NF CCR	OTH	Initial			BG01P VA NF CCR.pdf	Date Submitted: 11/16/2020 By: Darlene Smith
4	Coverage Change Request Form	BG01P VA CNF CCR	OTH	Initial			BG01P VA CNF CCR.pdf	Date Submitted: 03/18/2021 By: Scarlett Nazari
<i>Previous Version</i>								
4	Coverage Change Request Form	BG01P VA CNF CCR	OTH	Initial			BG01P VA CNF CCR.pdf	Date Submitted: 11/19/2020 By: Darlene Smith
<i>Previous Version</i>								
4	Coverage Change Request Form	BG01P VA CNF CCR	OTH	Initial			BG01P VA CNF CCR.pdf	Date Submitted: 11/16/2020 By: Darlene Smith

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Scarlett Nazari

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
<b>Product Name:</b>	Care ProVider & Choice ProVider				
<b>Project Name/Number:</b>	/				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/19/2020
Submitted Date	11/19/2020

Dear Bill Dismore,

### **Introduction:**

### **Response 1**

#### **Comments:**

See revised forms, highlighted versions and response letter.

### **Related Objection 1**

Applies To:

- BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)
- Policyholder Letter, BG01P VA CNF (Form)
- Policyholder Letter, BG01P VA NF (Form)

Comments: 1) Per 14VAC5-101-70 E., "Any form submitted for approval shall be printed in at least 10-point type size."

Please make the header text, "Berkshire Life Insurance Company of America" at least the same type size as the rest of the text in the letter. In our review the current text appears to be in 8.5-point type size. We also recommend that the company name be bolded for prominence.

2) Per 14VAC5-101-60 2. requires the address of the company's home office appear in prominent print on all other forms.

Please add the company's address to BG01P VA CNF and BG01P VA NF forms.

### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P VA NF Highlighted & BG01P VA CNF Highlighted
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA NF Highlighted.pdf BG01P VA CNF Highlighted.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P VA NF Highlighted & BG01P VA CNF Highlighted
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA NF Highlighted.pdf BG01P VA CNF Highlighted.pdf

<b>Satisfied - Item:</b>	BG01P VA NF CCR Highlighted & BG01P VA CNF CCR Highlighted
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA NF CCR Highlighted.pdf BG01P VA CNF CCR Highlighted.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P VA NF Highlighted & BG01P VA CNF Highlighted
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA NF Highlighted.pdf BG01P VA CNF Highlighted.pdf

<b>Satisfied - Item:</b>	BG01P VA NF CCR Highlighted & BG01P VA CNF CCR Highlighted
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA NF CCR Highlighted.pdf BG01P VA CNF CCR Highlighted.pdf

<b>Satisfied - Item:</b>	VA Response Letter 11 13 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 11 13 20.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 11/19/2020 By: Darlene Smith
<i>Previous Version</i>								
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
<i>Previous Version</i>								
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 11/19/2020 By: Darlene Smith
<i>Previous Version</i>								
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
<i>Previous Version</i>								
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith
3	Coverage Change Request Form	BG01P VA NF CCR	OTH	Initial			BG01P VA NF CCR.pdf	Date Submitted: 11/19/2020 By: Darlene Smith
<i>Previous Version</i>								
3	Coverage Change Request Form	BG01P VA NF CCR	OTH	Initial			BG01P VA NF CCR.pdf	Date Submitted: 11/16/2020 By: Darlene Smith
4	Coverage	BG01P VA CNF	OTH	Initial			BG01P VA CNF	Date Submitted:

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 11/19/2020 By: Darlene Smith
	Change Request Form	CCR					CCR.pdf	11/19/2020 By: Darlene Smith
<i>Previous Version</i>								
4	Coverage Change Request Form	BG01P VA CNF CCR	OTH	Initial			BG01P VA CNF CCR.pdf	Date Submitted: 11/16/2020 By: Darlene Smith

No Rate/Rule Schedule items changed.

## Response 2

### Comments:

See response letter and form.

## Related Objection 2

Applies To:

- Policyholder Letter, BG01P VA CNF (Form)

Comments: 4th bullet point on page 2, "Contingent Benefit Upon Lapse Option:" we have a concern involving the 2nd to last sentence in the paragraph that begins with, "This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date."

The concern arises for those policyholder who are on Waiver of Premium. How would the above sentence apply to a policyholder on Waiver of Premium for more than 120 days following the "rate increase effective date?"

Our concern would be addressed if the company amended the sentence to read, "This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date, or if you are on Waiver of Premium, within 120 days after the date you come off Waiver of Premium."

## Changed Items:

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 11 13 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 11 13 20.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 11/19/2020 By: Darlene Smith
<i>Previous Version</i>								
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
<i>Previous Version</i>								
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Darlene Smith

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/13/2020
Submitted Date	11/16/2020

Dear Bill Dismore,

### **Introduction:**

### **Response 1**

#### **Comments:**

See response submitted in objection 1.

### **Related Objection 1**

Applies To:

- BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)

Comments: We understand that the coverage change forms were filed as a Supporting Document in the previous filing LFCR-129536537. However, VA regulations have been updated since then.

Pursuant to 14VAC5-101-60. 1. the Coverage Change forms should have a form number in the lower left-hand corner of the first page of each form. It must be below all other text contained on the form.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### **Conclusion:**

Sincerely,  
Darlene Smith



<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/13/2020
Submitted Date	11/16/2020

Dear Bill Dismore,

### Introduction:

### Response 1

#### Comments:

The Coverage Change Forms have been moved from Supporting Documentation and moved to the Form Schedule. See response letter.

### Related Objection 1

Applies To:

- BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)

Comments: Please move the updated Coverage Change forms from the Supporting Documentation tab to the Form Schedule tab since these forms are being revised.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF
<b>Comments:</b>	Moved to Form Schedule
<b>Attachment(s):</b>	
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Coverage Change VA CNF.pdf BG01P Coverage Change VA NF.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

#### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF
<b>Comments:</b>	Moved to Form Schedule
<b>Attachment(s):</b>	
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Coverage Change VA CNF.pdf BG01P Coverage Change VA NF.pdf

<b>Satisfied - Item:</b>	VA Response Letter 11 12 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 11 12 20.pdf

#### Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Coverage Change Request Form	BG01P VA NF CCR	OTH	Initial			BG01P VA NF CCR.pdf	Date Submitted: 11/16/2020 By: Darlene Smith
2	Coverage Change Request Form	BG01P VA CNF CCR	OTH	Initial			BG01P VA CNF CCR.pdf	Date Submitted: 11/16/2020 By: Darlene Smith

No Rate/Rule Schedule items changed.

#### Response 2

##### Comments:

See John Doe version of the Policyholder Letter, Coverage Change Forms and response letter.

#### Related Objection 2

Applies To:

- Policyholder Letter, BG01P VA CNF (Form)
- Policyholder Letter, BG01P VA NF (Form)

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Comments: Please provide a "John Doe" version of each policyholder notification letter and any accompanying forms (i.e. Change Request Form, etc). The Virginia BOI would like to see the "John Doe" versions as received by a policyholder.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P VA NF John Doe & BG01P VA CNF John Doe
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA NF John Doe.pdf BG01P VA CNF John Doe.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P VA NF John Doe & BG01P VA CNF John Doe
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA NF John Doe.pdf BG01P VA CNF John Doe.pdf

<b>Satisfied - Item:</b>	VA Response Letter 11 12 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 11 12 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P VA NF John Doe & BG01P VA CNF John Doe
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA NF John Doe.pdf BG01P VA CNF John Doe.pdf

<b>Satisfied - Item:</b>	VA Response Letter 11 12 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 11 12 20.pdf

<b>Satisfied - Item:</b>	BG01P VA NF CCR John Doe & BG01P VA CNF CCR John Doe
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA NF CCR John Doe.pdf BG01P VA CNF CCR John Doe.pdf

No Form Schedule items changed.

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Darlene Smith

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/30/2020
Submitted Date	07/30/2020

Dear Bill Dismore,

### Introduction:

### Response 1

#### Comments:

See response letter.

### Related Objection 1

Applies To:

- VA Response Letter 01 08 20 (Supporting Document)

Comments: The March 3, 2020 response to Objection 13 states that the company is revising its rate request from the initial rate increase submitted on 1/07/2020. Please be more specific as to the requirements in 14VAC5-200-153 B. that prompted the change in the rate increase and what factors changed in order for the company to provide the appropriate certification.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 2

#### Comments:

See response letter.

### Related Objection 2

Applies To:

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

- L&H Actuarial Memorandum (Supporting Document)

Comments: Based upon the Prospective Present Value Approach, our actuary suggests that a single 50% rate increase for form BG01P(06/04) and a single increase of 60% for form BG01P(01/09). As the single increase is less than the 3-year cumulative total proposed increases please advise if the Company would be open to accepting this alternative rate increase.

#### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 3

##### Comments:

See response letter.

#### Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide an explanation for the Virginia cumulative historical and pending average rate increase being so much higher than the cumulative historical and pending average rate increase nationwide.

#### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

#### Response 4

##### Comments:

See revised certification of compliance and response letter.

#### Related Objection 4

Applies To:

- Certification of Compliance (Supporting Document)

Comments: Please revise the Certification of Compliance to comply with 14VAC5-101-110. The certification must state each applicable form number and the Flesch reading ease score of the filed policy form. Please note that readability must comply with 14VAC5-101-70.

#### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Cert of Compliance.pdf

#### Previous Version

<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Cert of Compliance.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 5

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

**Comments:**

See response letter.

**Related Objection 5**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please describe the factor or factors that will prompt the Company to file for a future rate increase. For example, will a lifetime loss ratio that exceeds a minimum percentage be a trigger. Please state the specific trigger(s) for each form that will cause the company to file a future rate increase.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 6**

**Comments:**

See revised forms, statement of variability, redlines of forms, statement of variability redline and response letter.

**Related Objection 6**

Applies To:

- Policyholder Letter, BG01P VA CNF (Form)
- Policyholder Letter, BG01P VA NF (Form)



<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Comments: Page One

1) Last sentence in paragraph one should be variable in the event the company decides to do a single premium increase instead of a phased-in increase. Please also update the Statement of Variability for this revision.

2) Please correct the VA Bureau of Insurance website. The correct website is: <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

Page Three

1) Please consider making the customer service phone number and available hours variable in the event they change in the future.

2) Consider making the signatory variable in the event of a future change.

3) Enclosure must list all documents included with the policyholder notification letter (i.e. business reply envelope, Coverage Change Request Form, etc.)

#### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P VA CNF - Redline & BG01P VA NF - Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA CNF redline.pdf BG01P VA NF redline.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	BG01P VA CNF - Redline & BG01P VA NF - Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA CNF - Redline.pdf BG01P VA NF - Redline.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

#### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	BG01P VA CNF - Redline & BG01P VA NF - Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA CNF redline.pdf BG01P VA NF redline.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>BG01P VA CNF - Redline &amp; BG01P VA NF - Redline</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>BG01P VA CNF - Redline.pdf BG01P VA NF - Redline.pdf</i>

<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>BG01P Virginia Statement of Variability</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>BG01P Virginia Statement of Variability.pdf</i>

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P VA CNF - Redline & BG01P VA NF - Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA CNF redline.pdf BG01P VA NF redline.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>BG01P VA CNF - Redline &amp; BG01P VA NF - Redline</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>BG01P VA CNF - Redline.pdf BG01P VA NF - Redline.pdf</i>

<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>BG01P Virginia Statement of Variability</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>BG01P Virginia Statement of Variability.pdf</i>

<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P VA CNF - Redline & BG01P VA NF - Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA CNF redline.pdf BG01P VA NF redline.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>BG01P VA CNF - Redline &amp; BG01P VA NF - Redline</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>BG01P VA CNF - Redline.pdf BG01P VA NF - Redline.pdf</i>

<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>BG01P Virginia Statement of Variability</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>BG01P Virginia Statement of Variability.pdf</i>

<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability redline.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
<i>Previous Version</i>								
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
<i>Previous Version</i>								
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith

No Rate/Rule Schedule items changed.

## Response 7

### Comments:

See revised forms, statement of variability and response letter.

## Related Objection 7

Applies To:

- Policyholder Letter, BG01P VA CNF (Form)
- Policyholder Letter, BG01P VA NF (Form)

Comments: The policyholder letter should have a Mail Date on the form. Please revise to add this. Also update the Statement of Variability. The mail date must comply with 14VAC5-200-75 D demonstrating that the insurer is providing notice of an upcoming premium rate schedule increase at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this regulation.

## Changed Items:

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>BG01P Virginia Statement of Variability</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>BG01P Virginia Statement of Variability.pdf</i>

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>BG01P Virginia Statement of Variability</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>BG01P Virginia Statement of Variability.pdf</i>

<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
<i>Previous Version</i>								
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
<i>Previous Version</i>								
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith

No Rate/Rule Schedule items changed.

## Response 8

### Comments:

See statement of variability and response letter.

## Related Objection 8

Applies To:

- BG01P Virginia Statement of Variability (Supporting Document)

Comments: The statement of variability (SOV) must be clear and complete as to which and when an item will vary. For example, in the Second Paragraph, the second and third increase percentages may not be applicable if there is no second or third increase. The SOV should clarify if a second and/or third increase has been or is approved by the Virginia Bureau of Insurance.

## Changed Items:

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>BG01P Virginia Statement of Variability</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>BG01P Virginia Statement of Variability.pdf</i>

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>BG01P Virginia Statement of Variability</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>BG01P Virginia Statement of Variability.pdf</i>

<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 9

##### Comments:

See revised forms and response letter.

#### Related Objection 9



<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Comments: Waiver of Premium

Please describe in detail the notification process (including the policyholder's selection of a premium adjustment option) when their premium becomes due once the waiver of premium ends. Describe how much time a policyholder has to respond and what options are available to the policyholder once waiver of premium ends.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
<i>Previous Version</i>								
1	<i>Policyholder Letter</i>	<i>BG01P VA CNF</i>	<i>OTH</i>	<i>Initial</i>			<i>BG01P VA CNF.pdf</i>	<i>Date Submitted: 03/06/2020 By: Darlene Smith</i>
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
<i>Previous Version</i>								
2	<i>Policyholder Letter</i>	<i>BG01P VA NF</i>	<i>OTH</i>	<i>Initial</i>			<i>BG01P VA NF.pdf</i>	<i>Date Submitted: 03/06/2020 By: Darlene Smith</i>

No Rate/Rule Schedule items changed.

**Response 10**

**Comments:**

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

See response letter.

#### Related Objection 10

Applies To:

- VA Response Letter 06 03 20 (Supporting Document)

Comments: Please expand on your response to Objection 1 in your June 3, 2020 response. Describe specific triggers or factors that will prompt a future rate action by the company (i.e. Lifetime Loss Ratio exceeds a target percentage or other factors).

#### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 11

Comments:

See revised forms, statement of variability and response letter.

#### Related Objection 11

Applies To:

- Policyholder Letter, BG01P VA CNF (Form)
- Policyholder Letter, BG01P VA NF (Form)

Comments: In the second paragraph, the table should be expanded to show the following in order to fully explain the premium changes:

Current Premium      [\$xxx.xx]    [xx.xx% Increase]    [New Premium on Policy Anniversary Date (Current Premium [\$xxx.xx] + [xx.xx% Increase])]  
 [Yr 2 Current Premium]    [\$xxx.xx]    [xx.xx% Increase]    [New Premium on Policy Anniversary Date (Yr 2 Current Premium [\$xxx.xx] + [xx.xx% Increase])]  
 [Yr 3 Current Premium]    [\$xxx.xx]    [xx.xx% Increase]    [New Premium on Policy Anniversary Date (Yr 3 Current Premium [\$xxx.xx] + [xx.xx% Increase])]

The Statement of Variability should be updated to reflect the bracketed items.

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>BG01P Virginia Statement of Variability</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>BG01P Virginia Statement of Variability.pdf</i>

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>BG01P Virginia Statement of Variability</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>BG01P Virginia Statement of Variability.pdf</i>

<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
<i>Previous Version</i>								
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 07/30/2020 By: Darlene Smith
<i>Previous Version</i>								
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Darlene Smith

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/04/2020
Submitted Date	06/04/2020

Dear Bill Dismore,

### Introduction:

### Response 1

#### Comments:

See response letter, thank you.

### Related Objection 1

Comments: Thank you for your objection letter response dated 6/03/2020 to our objection letter of 5/18/2020. However, we were unable to find the answers to two of the three questions asked.

Please provide a response to the following:

1. Please describe the circumstances that would trigger a future rate action.
2. Explain why additional rate increases are needed and why they are not requested in this rate filing.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 06 03 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 06 03 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Darlene Smith

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
<b>Product Name:</b>	Care ProVider & Choice ProVider				
<b>Project Name/Number:</b>	/				

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/21/2020
Submitted Date	05/21/2020

Dear Bill Dismore,

### **Introduction:**

### **Response 1**

#### **Comments:**

The Percent Rate Change Request: section under the Rate Action Information column has been revised as requested. Thank you.

### **Related Objection 1**

Comments: Objection Response of 5/20/2020

Thank you for your quick response to our objection letter of 5/20/2020.

I apologize for my communication error involving Objection 1. part 2) in which I requested the prior rate increase % be stated. I should have asked the company to state the proposed rate change request. Please revise the "Percent Rate Change Request:" section under the Rate Action Information column for Item Nos. 1 and 2.

Thank you.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Berkshire VA Rate Tables Rev.	BG01P(01/09)-VA	Revised	Previous State Filing Number: LFCR-125796821 Percent Rate Change Request: 32.25	Berkshire VA Rate Tables Rev.pdf,	05/21/2020 By: Darlene Smith
<i>Previous Version</i>						
1	Berkshire VA Rate Tables Rev.	BG01P(01/09)-VA	Revised	Previous State Filing Number: LFCR-125796821 Percent Rate Change Request:	Berkshire VA Rate Tables Rev.pdf,	05/20/2020 By: Darlene Smith
2	Berkshire VA Rate Tables Rev.	BG01P(06/04)-VA	Revised	Previous State Filing Number: LFCR-129536537 Percent Rate Change Request: 22	Berkshire VA Rate Tables Rev.pdf,	05/21/2020 By: Darlene Smith
<i>Previous Version</i>						
2	Berkshire VA Rate Tables Rev.	BG01P(06/04)-VA	Revised	Previous State Filing Number: LFCR-129536537 Percent Rate Change Request: 25	Berkshire VA Rate Tables Rev.pdf,	05/20/2020 By: Darlene Smith
<i>Previous Version</i>						
2	Berkshire VA Rate Tables	BG01P(06/04)-VA, BG01P(01/09)-VA	New		Berkshire VA Rate Tables Rev.pdf,	03/06/2020 By: Darlene Smith
<i>Previous Version</i>						
2	Berkshire VA Rate Tables	BG01P(06/04)-VA, BG01P(01/09)-VA	New		Berkshire VA Rate Tables.pdf,	01/07/2020 By: Darlene Smith

**Conclusion:**

Sincerely,



<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Darlene Smith

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/20/2020
Submitted Date	05/20/2020

Dear Bill Dismore,

### **Introduction:**

### **Response 1**

#### **Comments:**

The affected form numbers are attached separately as requested. This is the first rate increase filing for form BG01P(01/09)-VA. Thank you.

### **Related Objection 1**

Applies To:

- Berkshire VA Rate Tables, [BG01P(06/04)-VA, BG01P(01/09)-VA] (Rate)

Comments: 1) Since Affected Form Numbers: BG01P(06/04)-VA and BG01P(01/09)-VA have different proposed rate increase percentages, please put each form number as a separate "Item No." under the Rate Rule Schedule tab.

2) Please indicate the prior rate increase % and SERFF filing number for each form that contains the currently approved rates.

3) Please revise the "Rate Action" to "Revised" instead of "New" since the rate action is a change to currently approved rates.

### **Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Berkshire VA Rate Tables Rev.	BG01P(06/04)-VA	Revised	Previous State Filing Number: LFCR-129536537 Percent Rate Change Request: 25	Berkshire VA Rate Tables Rev.pdf,	05/20/2020 By: Darlene Smith
Previous Version						
1	Berkshire VA Rate Tables	BG01P(06/04)-VA, BG01P(01/09)-VA	New		Berkshire VA Rate Tables Rev.pdf,	03/06/2020 By: Darlene Smith
Previous Version						
1	Berkshire VA Rate Tables	BG01P(06/04)-VA, BG01P(01/09)-VA	New		Berkshire VA Rate Tables.pdf,	01/07/2020 By: Darlene Smith
2	Berkshire VA Rate Tables Rev.	BG01P(01/09)-VA	Revised	Previous State Filing Number: LFCR-125796821 Percent Rate Change Request:	Berkshire VA Rate Tables Rev.pdf,	05/20/2020 By: Darlene Smith

**Conclusion:**

Sincerely,  
Darlene Smith

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/03/2020
Submitted Date	06/03/2020

*Dear Bill Dismore,*

### **Introduction:**

### **Response 1**

#### **Comments:**

*See revised actuarial memo, redline version and response letter. Thank you.*

### **Related Objection 1**

*Comments: The actuarial certification states this filing will enhance premium adequacy, but may not be sufficient to prevent future rate action.*

- 1) *Please describe the circumstances that would trigger a future rate action.*
- 2) *Please explain why this filing is not sufficient to prevent future rate action.*
- 3) *Describe the company's plan of action as to when they plan to file a future rate action.*

### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Berkshire Rate Filing Actuarial Memo VA Rev2 Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA Rev2 Redline.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

#### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	Berkshire Rate Filing Actuarial Memo VA Rev2 Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA Rev2 Redline.pdf

<b>Satisfied - Item:</b>	VA Response Letter 05 18 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 05 18 20.pdf

#### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	Berkshire Rate Filing Actuarial Memo VA Rev2 Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA Rev2 Redline.pdf

<b>Satisfied - Item:</b>	VA Response Letter 05 18 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 05 18 20.pdf

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo with Attachments VA Rev2.pdf

#### Previous Version

<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA Rev1.pdf</i>

#### Previous Version

<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA Rev.pdf</i>

#### Previous Version

<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf</i>

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Darlene Smith

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/29/2020
Submitted Date	04/29/2020

Dear Bill Dismore,

### Introduction:

### Response 1

#### Comments:

See response letter and attachments.

### Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide actual-to-expected analysis of the Companys own historical experience for morbidity, mortality and lapse experience.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 03 30 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 30 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 03 30 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 30 20.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 03 30 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 03 30 20.pdf Berkshire VA Objection Response Attachments 03 30 20.xlsx

No Form Schedule items changed.

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

No Rate/Rule Schedule items changed.

## Response 2

### Comments:

See response letter and attachments.

## Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: In Exhibits F1 and F2, there are some very large earned premium reductions in years 2016 2022, even in the no premium increase scenario which should not be affected by policyholder behavior assumptions. Please provide detailed calculations of the derivation of the premiums in those years with all factors shown.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 03 30 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 30 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 03 30 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 30 20.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 03 30 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 03 30 20.pdf Berkshire VA Objection Response Attachments 03 30 20.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 3

### Comments:

See response letter and attachments.



<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

### Related Objection 3

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach (see attached description).

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 03 30 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 30 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 03 30 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 30 20.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 03 30 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 03 30 20.pdf Berkshire VA Objection Response Attachments 03 30 20.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,  
Darlene Smith

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/17/2020
Submitted Date	03/17/2020

Dear Bill Dismore,

### **Introduction:**

### **Response 1**

#### **Comments:**

See response letter and revised rate request summary

### **Related Objection 1**

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please provide an updated Long Term Care Insurance Rate Request Summary that reflect the revised changes submitted in the Company's 3/06/2020 objection response.

### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 03 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 09 20.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 03 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 09 20.pdf
<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	Health Ins Rate Rqst Summary Pt1 with Summary Rev.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Health Ins Rate Rqst Summary Pt1 with Summary.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 2

### Comments:

See revised actuarial memo, revised response attachments, actuarial memo redline and response letter

## Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the rationale for combining of forms BG01P(06/04) and BG01P(01/09) into a single rate revision filing. As stated in your response to our objection on 3/06/2020, form BG01P(0604) had a previous rate revision filing under LFCR-129536537 and this filing did not include the experience of form BG01P(01/09) in that filing.

## Changed Items:

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20 Rev1
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20 Rev1.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Berkshire VA Objection Response Attachments 01 08 20</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire VA Objection Response Attachments 01 08 20.xlsx</i>

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20 Rev1
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20 Rev1.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Berkshire VA Objection Response Attachments 01 08 20</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire VA Objection Response Attachments 01 08 20.xlsx</i>

<b>Satisfied - Item:</b>	VA Response Letter 03 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 09 20.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

#### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20 Rev1
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20 Rev1.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Berkshire VA Objection Response Attachments 01 08 20</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire VA Objection Response Attachments 01 08 20.xlsx</i>

<b>Satisfied - Item:</b>	VA Response Letter 03 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 09 20.pdf

<b>Satisfied - Item:</b>	Berkshire Rate Filing Actuarial Memo VA Rev1 Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA Rev1 Redline.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20 Rev1
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20 Rev1.xlsx
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Berkshire VA Objection Response Attachments 01 08 20</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire VA Objection Response Attachments 01 08 20.xlsx</i>
<b>Satisfied - Item:</b>	VA Response Letter 03 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 09 20.pdf
<b>Satisfied - Item:</b>	Berkshire Rate Filing Actuarial Memo VA Rev1 Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA Rev1 Redline.pdf
<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo with Attachments VA Rev1.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA Rev.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 3

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

**Comments:**

See response letter.

**Related Objection 3**

Applies To:

- BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)

Comments: Please move these forms from the Supporting Documentation tab to the Form Schedule tab since it appears the Company is amending these forms.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 03 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 09 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Darlene Smith

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/06/2020
Submitted Date	03/06/2020

Dear Bill Dismore,

### Introduction:

### Response 1

#### Comments:

See response letter and attachments.

### Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide a current status of rate increase requests, both approved and pending, along with each state's cumulative total increases and the nationwide overall cumulative average increase. Provide this for all states, including VA, with inforce policies.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20.xlsx



<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 2

### Comments:

See response letter and attachments.

## Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide the anticipated lifetime loss ratio at the time of original pricing for this policy form utilizing the original pricing assumptions for morbidity, mortality, lapse and interest, including the original margins for moderately adverse experience. If this ratio exceeds 58%, please supply an alternate demonstration that the requested rate increase would meet the requirements of the 58/85 test if 58% was replaced with the original anticipated lifetime loss ratio as calculated above. Note, in the previous rate increase filing (LFCR-129536537) the original anticipated loss ratio appears to be 66% rather than 58%. Please confirm.

## Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 3

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

**Comments:**

See response letter and attachments.

**Related Objection 3**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 4**

**Comments:**

See response letter and attachments.

**Related Objection 4**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

*Comments: Re-state the nationwide experience using Virginia approved rates.*

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20.xlsx

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Response 5**

**Comments:**

*See response letter and attachments.*

**Related Objection 5**

*Applies To:*

- L&H Actuarial Memorandum (Supporting Document)

*Comments: Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms introduction.*

**Changed Items:**

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20.xlsx

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

#### **Response 6**

##### **Comments:**

*See response letter and attachments.*

#### **Related Objection 6**

*Applies To:*

*- L&H Actuarial Memorandum (Supporting Document)*

*Comments: Please provide a loss ratio projection (both past and future) which reflects all the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.*

#### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf
<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 7

##### Comments:

See response letter and attachments.

#### Related Objection 7

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Since a prior 25% rate increase has been approved for the form BGOIP(06/04) VA, provide an explanation as to why an additional rate increase is needed and a comparison of the differences in the assumptions used in the prior filing with those experienced included. (Note: If experience developed as projected, or close to it, why is an additional rate increase being requested? Were any margins included in the prior rate filing to account for this?)

#### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20.xlsx

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

#### **Response 8**

##### **Comments:**

*See response letter.*

#### **Related Objection 8**

*Applies To:*

*- L&H Actuarial Memorandum (Supporting Document)*

*Comments: What steps have been taken to minimize rate increases on this block of business?*

#### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

#### **Response 9**

##### **Comments:**

*See response letter and attachments.*

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

### Related Objection 9

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as projected including a demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted.

### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20.xlsx

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Response 10

Comments:

See response letter.

### Related Objection 10

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

Comments: If the company cannot certify that no further rate increases are anticipated, then provide the lifetime loss ratio to which the company intends to target for these forms.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Response 11**

**Comments:**

See response letter.

**Related Objection 11**

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: If a landing spot (i.e. reduction or removal of an inflation rider) is an option to reduce the impact of the proposed rate increase, please demonstrate that the proposed landing spots are actuarially equivalent to the requested rate increase.

Since the Virginia Bureau of Insurance is concerned with policyholder equity, please provide several examples (including outliers) of the variability in the relative present value of each option available in lieu of increase from the individual policyholder perspective.

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

No Form Schedule items changed.



<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

No Rate/Rule Schedule items changed.

## Response 12

### Comments:

See response letter.

## Related Objection 12

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if the Contingent Benefit Upon Lapse will be offered to all policyholders regardless if the trigger requirements or met or not.

## Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

## Response 13

### Comments:

See response letter, revised actuarial memo and rate tables. The rate data has been revised through a post-submission update.

## Related Objection 13

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

*Comments: For compliance with the requirements of 14VAC5-200-153 B, which requires a certification by a qualified actuary that if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated. However, the Virginia Bureau of Insurance will waive this requirement if the Company agrees to the following:*

- a. The Company provides a certification for the entire rate increase needed and provides supporting documentation separately for the amount needed and the amount requested.*
- b. The Company provides a certification agreeing to notify policyholders of not only the premium rate increase that will be implemented but the amount that would be required to be charged pursuant to the requirements of 14VAC5-200-153 B.*
- c. The Company provides a certification that it will agree not to seek another rate increase on these forms for a period of at least 36 months.*
- d. The Company provides a certification that any future rate increase on these forms could not attempt to recover the lost premium between the amount implemented and the increase needed to provide the certification pursuant to 14VAC5-200-153 B. That is, lifetime projections would need to be calculated using historical premiums at a level consistent with an original rate increase at the rate stabilization level (full amount needed to be certified under 14VAC 5-200-153 B) rather than the amount actually implemented.*

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

#### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo with Attachments VA Rev.pdf

#### Previous Version

<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf</i>

No Form Schedule items changed.

#### Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Berkshire VA Rate Tables	BG01P(06/04)-VA, BG01P(01/09)-VA	New		Berkshire VA Rate Tables Rev.pdf,	03/06/2020 By: Darlene Smith

#### Previous Version

<i>1</i>	<i>Berkshire VA Rate Tables</i>	<i>BG01P(06/04)-VA, BG01P(01/09)-VA</i>	<i>New</i>		<i>Berkshire VA Rate Tables.pdf,</i>	<i>01/07/2020 By: Darlene Smith</i>
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#### Response 14

##### Comments:

See response letter and attachments.

#### Related Objection 14

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please state the active life reserves for each policy form.

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

**Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20.xlsx

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Response 15**

**Comments:**

*See response letter and attachments.*

**Related Objection 15**

*Applies To:*

*- L&H Actuarial Memorandum (Supporting Document)*

*Comments: Since this block of business includes limited pay policies, please indicate whether any inforce policies have reached paid-up status. If so, please provide a demonstration that the requested rate increase would meet the requirements of the 58/85 test and the alternate 66/85 (if 66% is the original anticipated loss ratio) test if all paid-up policies are excluded from the projections.*

**Changed Items:**

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20.xlsx

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

#### **Response 16**

##### **Comments:**

*See response letter.*

#### **Related Objection 16**

*Applies To:*

*- L&H Actuarial Memorandum (Supporting Document)*

*Comments: Please provide a measure of the credibility of the Companys claim experience and how credibility was factored into the development of the morbidity assumptions.*

#### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 17

##### Comments:

See response letter.

#### Related Objection 17

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: While a data source was provided for the current assumptions for claim length of stay, we could not locate the same for the claim incidence. Please indicate the source of the data used to derive the morbidity assumptions for claim incidence, including any adjustments made to such data to reflect company experience.

#### Changed Items:

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

#### Response 18

##### Comments:

See response letter.

#### Related Objection 18

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if there are there any partnership policies outstanding in the Virginia blocks.

#### Changed Items:

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

#### **Response 19**

##### **Comments:**

*See attached forms and response letter.*

#### **Related Objection 19**

*Comments: Policyholder Notification of Rate Increase*

*Please explain how the company intends to satisfy 14VAC5-200-75. If a previously approved policyholder notification letter and change request forms are to be used, place these approved forms under the Supporting Documentation tab and provide the SERFF tracking number granting their approval. Be sure to include the Statement of Variability for each form. Any changes or alterations should be marked and explained. If a new policyholder notification letter is to be provided, this should be filed under the Form Schedule for review and approval.*

#### **Changed Items:**

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>Satisfied - Item:</b>	BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Coverage Change VA CNF.pdf BG01P Coverage Change VA NF.pdf

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf

<b>Satisfied - Item:</b>	BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Coverage Change VA CNF.pdf BG01P Coverage Change VA NF.pdf

<b>Satisfied - Item:</b>	BG01P VA CNF - Redline & BG01P VA NF - Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA CNF - Redline.pdf BG01P VA NF - Redline.pdf



<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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**State:** Virginia  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

**Filing Company:** Berkshire Life Insurance Company of America

#### Supporting Document Schedule Item Changes

<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf
<b>Satisfied - Item:</b>	BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Coverage Change VA CNF.pdf BG01P Coverage Change VA NF.pdf
<b>Satisfied - Item:</b>	BG01P VA CNF - Redline & BG01P VA NF - Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA CNF - Redline.pdf BG01P VA NF - Redline.pdf
<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability.pdf

#### Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith
2	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf	Date Submitted: 03/06/2020 By: Darlene Smith

No Rate/Rule Schedule items changed.

#### Conclusion:

Sincerely,  
Darlene Smith

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
<hr/>					
<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
<b>Product Name:</b>	Care ProVider & Choice ProVider				
<b>Project Name/Number:</b>	/				

## Amendment Letter

Submitted Date: 11/10/2020

Comments:

See revised actuarial memo, rate tables and documents, The rate data has been revised through a post-submission update. Thank you.

Changed Items:

*No Form Schedule Items Changed.*

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Rate/Rule Schedule Item Changes						
Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Berkshire VA Rate Tables Rev.	BG01P(06/04)-VA	Revised	Previous State Filing Number: LFCR-129536537 Percent Rate Change Request: 22	Berkshire VA Rate Tables.pdf,	11/10/2020 By:
<i>Previous Version</i>						
1	<i>Berkshire VA Rate Tables Rev.</i>	<i>BG01P(06/04)-VA</i>	<i>Revised</i>	<i>Previous State Filing Number: LFCR-129536537 Percent Rate Change Request: 22</i>	<i>Berkshire VA Rate Tables Rev.pdf,</i>	<i>05/21/2020 By: Darlene Smith</i>
<i>Previous Version</i>						
1	<i>Berkshire VA Rate Tables Rev.</i>	<i>BG01P(06/04)-VA</i>	<i>Revised</i>	<i>Previous State Filing Number: LFCR-129536537 Percent Rate Change Request: 25</i>	<i>Berkshire VA Rate Tables Rev.pdf,</i>	<i>05/20/2020 By: Darlene Smith</i>
<i>Previous Version</i>						
1	<i>Berkshire VA Rate Tables</i>	<i>BG01P(06/04)-VA, BG01P(01/09)-VA</i>	<i>New</i>		<i>Berkshire VA Rate Tables Rev.pdf,</i>	<i>03/06/2020 By: Darlene Smith</i>
<i>Previous Version</i>						
1	<i>Berkshire VA Rate Tables</i>	<i>BG01P(06/04)-VA, BG01P(01/09)-VA</i>	<i>New</i>		<i>Berkshire VA Rate Tables.pdf,</i>	<i>01/07/2020 By: Darlene Smith</i>

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

Supporting Document Schedule Item Changes	
<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Cert of Compliance.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Certification of Compliance</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Cert of Compliance.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Certification of Compliance</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>VA Cert of Compliance.pdf</i>

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA Rev2.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA Rev1.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA Rev.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>L&amp;H Actuarial Memorandum</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf</i>

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	Health Ins Rate Rqst Summary Pt1 with Summary.pdf
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Health Ins Rate Rqst Summary Pt1 with Summary Rev.pdf</i>
<i>Previous Version</i>	
<b>Satisfied - Item:</b>	<i>Long Term Care Insurance Rate Request Summary</i>
<b>Comments:</b>	
<b>Attachment(s):</b>	<i>Health Ins Rate Rqst Summary Pt1 with Summary.pdf</i>

State: Virginia

Filing Company: Berkshire Life Insurance Company of America

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: Care ProVider &amp; Choice ProVider

Project Name/Number: /

## Note To Reviewer

**Created By:**

Darlene Smith on 11/10/2020 02:23 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

05/13/2021 07:58 AM

**Subject:**

Regarding Email Correspondence 11/9/20

**Comments:**

Based on email correspondence with Bill Dismore on 11/9/20, we are submitting the revised filing material under the original rate request. The following items are updated:

- Act Memo
- Rate Tables
- Rate Request Summary
- VA Cert of Compliance
- “Company Rate Information” under the Rate/Rule Schedule

**SERFF Tracking #:** LFCR-132210833

**State Tracking #:** LFCR-132210833

**Company Tracking #:** VA BG01(06/04) & (01/09) RATE  
INCREASE

**State:** Virginia

**Filing Company:** Berkshire Life Insurance Company of America

**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Care ProVider & Choice ProVider

**Project Name/Number:** /

## Note To Filer

**Created By:**

Bill Dismore on 02/20/2020 03:10 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

04/02/2020 09:57 AM

**Subject:**

Extension request

**Comments:**

The extension request is granted to 3/06/2020.

**SERFF Tracking #:** LFCR-132210833

**State Tracking #:** LFCR-132210833

**Company Tracking #:** VA BG01(06/04) & (01/09) RATE  
INCREASE

**State:** Virginia

**Filing Company:** Berkshire Life Insurance Company of America

**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Care ProVider & Choice ProVider

**Project Name/Number:** /

## Note To Reviewer

**Created By:**

Darlene Smith on 02/20/2020 01:50 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

04/02/2020 09:57 AM

**Subject:**

Extension Request

**Comments:**

We are requesting a 2 week extension from tomorrow's due date for the current objection. Thank you.



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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Note To Filer

**Created By:**

Bill Dismore on 02/11/2020 07:32 AM

**Last Edited By:**

Bill Dismore

**Submitted On:**

04/02/2020 09:57 AM

**Subject:**

Extension Request

**Comments:**

An extension to respond to the outstanding objection letter dated 1/08/2020 is granted to 2/21/2020.

**SERFF Tracking #:** LFCR-132210833

**State Tracking #:** LFCR-132210833

**Company Tracking #:** VA BG01(06/04) & (01/09) RATE  
INCREASE

**State:** Virginia

**Filing Company:** Berkshire Life Insurance Company of America

**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Care ProVider & Choice ProVider

**Project Name/Number:** /

## Note To Reviewer

**Created By:**

Darlene Smith on 02/07/2020 11:54 AM

**Last Edited By:**

Bill Dismore

**Submitted On:**

04/02/2020 09:57 AM

**Subject:**

Extension Request

**Comments:**

We are requesting a 2 week extension from today's due date for the current objection. Thank you.

**SERFF Tracking #:** LFCR-132210833

**State Tracking #:** LFCR-132210833

**Company Tracking #:** VA BG01(06/04) & (01/09) RATE  
INCREASE

**State:** Virginia

**Filing Company:** Berkshire Life Insurance Company of America

**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Care ProVider & Choice ProVider

**Project Name/Number:** /

## Reviewer Note

**Created By:**

Bill Dismore on 08/18/2020 01:16 PM

**Last Edited By:**

Bill Dismore

**Submitted On:**

11/20/2020 02:05 PM

**Subject:**

Actuarial Final Summary & Opinion Report

**Comments:**

5/15/2020 - Final Opinion & Summary Report received.

JOHN T. CONDO, FSA, MAAA, PHD  
ROBERT B. CROMPTON, FSA, MAAA  
DAVID E. NEVE, FSA, MAAA, CERA  
CANDE OLSEN, FSA, MAAA, CLU



SHAWN D. PARKS, FSA, MAAA  
NAZNEE RIAS, FSA, MAAA, CERA  
NICOLE L. RUSSO, ASA, MAAA  
LORNE W. SCHINBEIN, FSA, MAAA

May 15, 2020

Life and Health Division  
Bureau of Insurance  
State Corporation Commission  
P. O. Box 1157  
Richmond, VA 23218

Subject: **SERFF Tracking #LFCR-132210833**

At the request of the Virginia SCC Bureau of Insurance (the “Bureau”), I have reviewed the filing for the above captioned submission from **Berkshire Life Insurance Company of America** (the “Company”). This is a filing of revised premium rates for a block of Long Term Care Insurance plans.

### **Recommendation**

My review of this filing was performed according to the provisions of 14VAC5-200-153. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, “Long-Term Care Insurance” and Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”. After review of the Company’s submission, I believe that the Company has demonstrated that the full amount of their requested increase is in compliance with all applicable regulations. However, based on the considerations below, the Bureau may wish to work with the Company to lessen the amount of this increase.

### Other Considerations:

- The Prospective Present Value approach would require the increase on the BG01P(06/04)-VA form to be reduced from 95% to 50%.
- The If-Knew/Makeup Blend approach would require the increase on the BG01P(01/09)-VA form to be reduced from 73% to 70%.
- The Company revised its request recently to be much higher than originally filed and as a result appears to be higher than requested in many other states. It is unclear whether the Company is planning to revise pending filings in other states or making additional filings to bring the rates up to the level proposed in Virginia.

### **Background**

The Company submitted a rate increase request shown below for this block of business.

Form	#pols	Issue Years	Prior	Request	Cumulative
BG01P(06/04)-VA	116	2004-2010	25%	25% x 3 = 95%	144%
BG01P(01/09)-VA	64	2010-2012	-	20% x 3 = 73%	73%



## Methodology

My approach was to a) review the filing materials, b) check the filing contents and assumptions for compliance with all relevant regulations, c) verify the calculations in the supplied exhibits, and d) review the assumptions and projections for reasonableness.

## Analysis

### Assumptions

#### *Interest*

The Company utilized the average valuation interest rate for discounting in all projections as required by 14VAC5-200-153. A rate of 4.5% was used for BG01P(06/04)-VA and 4.0% for BG01P(01/09)-VA.

#### *Mortality*

The assumption is 100% of the 2012 IAR Table with mortality improvement based on Scale G2 and selection factors. Original mortality used 1983 GAM or 1994 GAM. Overall A/E is 75%.

#### *Voluntary Lapse*

The ultimate lapse rate assumption is 0.65% at durations 8+ versus a range of 0.75% to 2.0% for original assumptions. Additionally, shock lapses of 3% and 11% reduced benefit option are assumed due to the magnitude of the rate increase. Overall A/E is 1.43 at durations 8+.

#### *Morbidity*

The current morbidity assumption is based on reinsurer experience blended with industry data. A scalar of 78% was used to adjust to the Company's own experience. Original assumptions used 1985 NNHS and other published industry data.

The Actual-to-Expected ratio for claim incidence is 105% overall based on 182 claims for these policy forms.

The Company's experience has only 98 claims in the last 5 years and thus has no credibility. The morbidity assumptions are instead based on the reinsurers experience with 8,200 claims nationwide. Based on the formula recommended by the American Academy of Actuaries ("AAA") in a Long-term Care Credibility Monograph issued in August 2016 sets 3,246 claims as the standard for full credibility. Therefore, the credibility for the reinsurer experience is 100%.

### Loss Ratio Testing

The results below show the results of the loss ratio projections.

Subset	Original LR	No Increase		With Increase		From Inception
		Future*	Lifetime	Future*	Lifetime	
BG01P(06/04)-VA	66%	155%	94%	83%	77%	40%
BG01P(01/09)-VA	63%	104%	84%	66%	67%	48%

\* after deducting ALR

58/85 Test

Subset	Test	Required Claims	Projected Claims	
BG01P(06/04)-VA	66/85	666.1M	818.5M	PASS
BG01P(01/09)-VA	63/85	248.5M	273.5M	PASS

PV Future Losses Test

An alternative measure to test the recouping of past losses is to ensure that the present value of future losses in dollar terms is no less than if the original assumptions were to continue from this date forward. The table below displays the results.

Subset	Original	Current	Proposed	
BG01P(06/04)-VA	-172M	-552M	-384M	PASS
BG01P(01/09)-VA	-26M	-119M	-47M	PASS

State Rate Equity

The past rate increases on these forms have been minimal and the Bureau typically does not look at state equity for early increases. However, I will note that the Company updated this request in March 2020 to be much higher than originally requested on a nationwide basis. Since the Company did not provide information about how quickly it intends to ask for additional increases in other states, I cannot compare Virginia's proposed rate levels to the proposed nationwide increases.

Subset	VA Curr	VA Prop	NW Curr
BG01P(06/04)-VA	25%	144%	11%
BG01P(01/09)-VA	0%	73%	0%

Summary

Subset	Request	58/85	PVFL	PPV (TX)	IK/MU (MN)
BG01P(06/04)-VA	25% x 3 = 95%	PASS	PASS	50%	PASS
BG01P(01/09)-VA	20% x 3 = 73%	PASS	PASS	PASS	70%

**Reliance and Qualifications**

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the



data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me for discussion.

Sincerely,

Shawn D. Parks, FSA, MAAA

**SERFF Tracking #:** LFCR-132210833

**State Tracking #:** LFCR-132210833

**Company Tracking #:** VA BG01(06/04) & (01/09) RATE  
INCREASE

**State:** Virginia

**Filing Company:** Berkshire Life Insurance Company of America

**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified

**Product Name:** Care ProVider & Choice ProVider

**Project Name/Number:** /

## Reviewer Note

**Created By:**

Bill Dismore on 01/08/2020 09:25 AM

**Last Edited By:**

Bill Dismore

**Submitted On:**

05/13/2021 07:55 AM

**Subject:**

RRS

**Comments:**

Rate Review Summary - 11/11/2020



**Long Term Care Insurance Rate Request Summary**  
**Part 1 – To Be Completed By Company**

**Company Name and NAIC Number:** Berkshire Life Insurance Company of America. NAIC # 71714

**SERFF Tracking Number:** LFCR-132210833

**Revised Rates**

**Average Annual Premium Per Member:** \$5,200

**Average Requested Percentage Rate Change Per Member:** 26.2%

**Range of Requested Rate Changes:** 22%-32.25%

**Number of Virginia Policyholders Affected:** 180

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
BG01P (06/04)-VA	Care Provider	12/1/2004 to 1/1/2010	8/22/2016 - 25%	If the full increase requested is approved, we do not have additional scheduled rate increases in the foreseeable future. However, we will continue to monitor the experience and will file additional rate increases only if experience proves this to be necessary.
BG01P (01/09)-VA	LTC Choice Provider	1/2/2010 to 2/27/2012	N/A	If the full increase requested is approved, we do not have additional scheduled rate increases in the foreseeable future. However, we will continue to monitor the experience and will file additional rate increases only if experience proves this to be necessary.

**Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.**

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>.  
(Rev. 06/19)

**Berkshire Life Insurance Company of America**  
**Policy Forms: BG01P(06/04)-VA, BG01P(01/09)-VA**  
**Summary of Key Information Used to Determine Rates**

The company is requesting the approval of a 22% flat rate increase on current base rates for BG01P(06/04)-VA. Additionally, the company is requesting the approval of a two-year phase-in flat increase of 15% each year on the current base rates for BG01P(01/09)-VA, resulting in a cumulative 32.25% increase.

As part of the in-force management of the business, the company and its reinsurers regularly conduct experience analysis to determine the current best estimate assumptions, and lifetime loss ratios are projected using these assumptions. Recent studies indicate that the mortality and lapse experience have been unfavorable and are expected to remain lower than the pricing assumptions going forward. A rate increase is needed to adjust to this current experience and to maintain a reasonable lifetime loss ratio.

## **Part 2 - Long Term Care Insurance Rate Request Summary**

**Completed by the Bureau of Insurance (Bureau) of the Virginia State Corporation Commission**

Company Name and NAIC Number:

Berkshire Life Insurance Company of America – NAIC # 71714

SERFF Tracking Number: LFCR-132210833

Disposition: Approved & Filed

Approval Date: 5/13/2021

Current Average Annual Premium Per Member: \$5,200

### **Rate Changes:**

Average Percentage Rate Change Per Member: 26.2%

Minimum Requested Percentage Rate Change Per Member: 22%

Maximum Requested Percentage Rate Change Per Member: 32.25%

Number of Virginia Policy Holders Affected: 180

### **Summary of the Bureau's review of the rate request:**

The Company requested an average rate increase of 86.08% rate increase on this block of individual long-term care insurance policy forms. However, after discussion with the Bureau, the increase was reduced to an average rate increase of 26.2% (22% on form BG01P(06/04)-VA and 32.25% on form BG01P(01/09)-VA).

The Bureau and its consulting actuary reviewed the documentation and determined that this rate increase complies with the regulatory and actuarial requirements for a rate increase as set forth in 14VAC5-200-153 of the Virginia Administrative Code. The review indicated that the lifetime anticipated loss ratio after the increase will be 88.3% for form BG01P(06/04) and 74.2% for form BG01P(01/09), which exceeds the minimum required loss ratio of 60%.

The Company has advised that they do not intend to request future rates increases on this block unless the actual experience is worse than projected.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at:  
<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

## Post Submission Update Request Processed On 03/09/2020

Status: Allowed  
Created By: Darlene Smith  
Processed By: Bill Dismore  
Comments:

### Company Rate Information:

Company Name: Berkshire Life Insurance Company of America

Field Name	Requested Change	Prior Value
Overall % Indicated Change	86.080%	26.200%
Overall % Rate Impact	86.080%	26.200%
Written Premium Change for this Program	\$805763	\$245269
Maximum %Change (where required)	95.310%	32.250%
Minimum %Change (where required)	72.800%	22.000%

**State:** Virginia **Filing Company:** Berkshire Life Insurance Company of America  
**TOI/Sub-TOI:** LTC03I Individual Long Term Care/LTC03I.001 Qualified  
**Product Name:** Care ProVider & Choice ProVider  
**Project Name/Number:** /

## Post Submission Update Request Processed On 11/12/2020

Status: Allowed  
Created By: Darlene Smith  
Processed By: Bill Dismore  
Comments:

### Company Rate Information:

Company Name: Berkshire Life Insurance Company of America

Field Name	Requested Change	Prior Value
Overall % Indicated Change	26.200%	86.080%
Overall % Rate Impact	26.200%	86.080%
Written Premium Change for this Program	\$245269	\$805763
Maximum %Change (where required)	32.250%	95.310%
Minimum %Change (where required)	22.000%	72.800%

<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Form Schedule

Lead Form Number:								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 05/13/2021	Policyholder Letter	BG01P VA CNF	OTH	Initial			BG01P VA CNF.pdf
2	Approved 05/13/2021	Policyholder Letter	BG01P VA NF	OTH	Initial			BG01P VA NF.pdf
3	Approved 05/13/2021	Coverage Change Request Form	BG01P VA NF CCR	OTH	Initial			BG01P VA NF CCR.pdf
4	Approved 05/13/2021	Coverage Change Request Form	BG01P VA CNF CCR	OTH	Initial			BG01P VA CNF CCR.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NAP</b>	Network Access Plan
<b>NOC</b>	Notice of Coverage	<b>OTH</b>	Other
<b>OUT</b>	Outline of Coverage	<b>PJK</b>	Policy Jacket
<b>POL</b>	Policy/Contract/Fraternal Certificate	<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
<b>PRC</b>	Provider Contract/Provider Addendum/Provider Leading Agreement	<b>PRD</b>	Provider Directory



**Berkshire Life  
Insurance Company of America**

**Notice of Premium Rate Increase**

[Month XX, 20YY]

[OWNER NAME]

[POLICY NUMBER]

[ADDRESS]

[ADDRESS]

Re: Berkshire Life Insurance Company of America ("Berkshire Life") Long-Term Care Insurance Policy  
[POLICY NUMBER]

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [\$aaa.aa to \$xxx.xx], beginning with the premium payment that is due [Month XX, 20YY]. [Your premium will also increase effective [Month XX, 20YY+1] and [Month XX, 20YY+2].]

The following table contains a summary of the changes which will be reflected in your premium:

Anniversary	Before Increase Premium	Increase	New Premium on Policy Anniversary Date
[Month XX, 20YY]	[\$aaa.aa] (Current Premium)	[xx.x%]	[\$xxx.xx] = [\$aaa.aa] * (1 + [xx.x%])
[[Month XX, 20YY+1]	[\$xxx.xx] [Yr 2 Current Premium]	[yy.y%]	[\$yyy.yy] = [\$xxx.xx] * (1 + [yy.y%])
[[Month XX, 20YY+2]	[\$yyy.yy] [Yr 3 Current Premium]	[zz.z%]	[\$zzz.zz] = [\$yyy.yy] * (1 + [zz.z%])

As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

**[If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium. We will also provide you with an opportunity to discuss options that may help**





**Berkshire Life  
Insurance Company of America**

**offset the increase in premium.]**

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from [\$xxx.xx to \$yyy.yy], your [modal] premium would be [\$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Contingent Benefit Upon Lapse Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a Contingent Benefit Upon Lapse option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date, or if you are on Waiver of Premium, within 120 days after the date you come off Waiver of Premium. All benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

**All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.**



**Berkshire Life  
Insurance Company of America**

In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your benefits will remain unchanged and your policy's Contingent Benefit Upon Lapse Option will be automatically exercised if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

[President's Name]

President

Berkshire Life Insurance Company of America

Enclosures:

Coverage Change Request Form

Business Reply Envelope



**Berkshire Life  
Insurance Company of America**

**Notice of Premium Rate Increase**

[Month XX, 20YY]

[OWNER NAME]

[POLICY NUMBER]

[ADDRESS]

[ADDRESS]

Re: Berkshire Life Insurance Company of America ("Berkshire Life") Long-Term Care Insurance Policy  
[POLICY NUMBER]

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [\$aaa.aa to \$xxx.xx], beginning with the premium payment that is due [Month XX, 20YY]. [Your premium will also increase effective [Month XX, 20YY+1] and [Month XX, 20YY+2].]

The following table contains a summary of the changes which will be reflected in your premium:

Anniversary	Before Increase Premium	Increase	New Premium on Policy Anniversary Date
[Month XX, 20YY]	[\$aaa.aa] (Current Premium)	[xx.x%]	[\$xxx.xx] = [\$aaa.aa] * (1 + [xx.x%])
[[Month XX, 20YY+1]	[\$xxx.xx] [Yr 2 Current Premium]	[yy.y%]	[\$yyy.yy] = [\$xxx.xx] * (1 + [yy.y%])
[[Month XX, 20YY+2]	[\$yyy.yy] [Yr 3 Current Premium]	[zz.z%]	[\$zzz.zz] = [\$yyy.yy] * (1 + [zz.z%])

As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

**[If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the**



**Berkshire Life  
Insurance Company of America**

**increased premium. We will also provide you with an opportunity to discuss options that may help offset the increase in premium.]**

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from [\$xxx.xx] to [\$yyy.yy], your [modal] premium would be [\$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Nonforfeiture Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, you may elect to exercise the nonforfeiture option provided by your policy. Under this option, if you choose not to pay any future premiums, your policy would lapse but coverage would continue according to the terms of your nonforfeiture rider. This option will automatically be provided if your policy lapses for non-payment of premium. All benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

**All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.**

In the event of future rate increases, similar options will be made available at the time. You also have the



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Insurance Company of America**

option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your benefits will remain unchanged and your policy's Nonforfeiture Option will be automatically exercised if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

[President's Name]  
President  
Berkshire Life Insurance Company of America

Enclosures:  
Coverage Change Request Form  
Business Reply Envelope



**Berkshire Life  
Insurance Company of America**

**Coverage Change Request Form**

[OWNER NAME]  
[ADDRESS]  
[ADDRESS]

[POLICY NUMBER]

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by [Month XX, 20YY]. If your Coverage Change Request Form is not received by [Month XX, 20YY], your policy benefits will remain unchanged and your policy's Nonforfeiture Option will be automatically exercised if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, such as reduction of benefit period or increase in your elimination period, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- ☐ Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy], which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment that is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- ☐ Exercise the Nonforfeiture Option provided by my policy.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed

Long Term Care Administrative Office  
Post Office Box 4243 • Woodland Hills, CA 91365-4243 • Telephone: 888-505-8743 • Fax: 818-887-4595  
*Berkshire Life Insurance Company of America, Pittsfield, MA, is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY*



**Berkshire Life  
Insurance Company of America**

**Coverage Change Request Form**

[OWNER NAME]

[POLICY NUMBER]

[ADDRESS]

[ADDRESS]

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by [Month XX, 20YY]. If your Coverage Change Request Form is not received by [Month XX, 20YY], your benefits will remain unchanged and your policy's Contingent Benefit Upon Lapse Option will be automatically exercised if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, such as reduction of benefit period or increase in your elimination period, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- ☐ Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy], which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment that is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- ☐ Exercise the Contingent Benefit Upon Lapse Option.

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Signature of Policyholder

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Date Signed

Long Term Care Administrative Office  
Post Office Box 4243 • Woodland Hills, CA 91365-4243 • Telephone: 888-505-8743 • Fax: 818-887-4595  
*Berkshire Life Insurance Company of America, Pittsfield, MA, is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY*

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	25.000%
<b>Effective Date of Last Rate Revision:</b>	01/01/2017
<b>Filing Method of Last Filing:</b>	SERFF
<b>SERFF Tracking Number of Last Filing:</b>	LFCR-129536537

## Company Rate Information

<b>Company Name:</b>	<b>Overall % Indicated Change:</b>	<b>Overall % Rate Impact:</b>	<b>Written Premium Change for this Program:</b>	<b>Number of Policy Holders Affected for this Program:</b>	<b>Written Premium for this Program:</b>	<b>Maximum % Change (where req'd):</b>	<b>Minimum % Change (where req'd):</b>
Berkshire Life Insurance Company of America	26.200%	26.200%	\$245,269	180	\$936,042	32.250%	22.000%



<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Berkshire VA Rate Tables Rev.	BG01P(06/04)-VA	Revised	Previous State Filing Number: LFCR-129536537 Percent Rate Change Request: 22	Berkshire VA Rate Tables.pdf,
2		Berkshire VA Rate Tables Rev.	BG01P(01/09)-VA	Revised	Previous State Filing Number: LFCR-125796821 Percent Rate Change Request: 32.25	Berkshire VA Rate Tables Rev.pdf,

**Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period**

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :	Restoration of Benefits:
	30 Day	1.15		5 Year	0.82		5 Years
	90 Day	1.00		4 Year	0.71	Preferred Plus	4 Years
	180 Day	0.90		3 Year	0.60	Standard	3 Years
							1.034
							1.051
							1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:

2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088   Quarterly- 0.27   Semi-Annual - 0.52

Direct Marketing Discount:	All Ages: 10%
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Berkshire Life Insurance Company of America  
Policy Form: BG01P00109)-VA  
Exhibit B2  
Rates and Factors After Proposed Increase (2 Phases of 15% Each)  
Individual / Select Risk / Lifetime Benefit Period / 90 Day Elimination Period

		ANNUAL RATES																					
		PER \$10 DAILY BENEFIT																					
		Standard Rates																					
		Facility Care Service		Comprehensive Care		Limited Pay Options		Nonforfeiture Options		HCSS Waiver		Paid Up Survivor		LifETIME STEP RATE 5%		LifETIME PAY LEVEL		Limited Pay Level					
Issue Age		After 1st Phase	After 2nd Phase	After 1st Phase	After 2nd Phase	10 pay	PT/65	ROP	SBP					1st Year	Annual Increase	6%	5%	4%	3%	6%	5%	4%	3%
18		37.20	42.78	46.50	53.47	5.810	1.807	1.600	1.067	1.010	1.400	1.400	1.400	0.54	0.54	14.148	9.333	8.139	6.944	18.039	11.900	10.378	8.854
19		38.00	43.70	47.51	54.63	5.625	1.807	1.610	1.072	1.011	1.400	1.400	1.400	0.51	0.51	13.486	8.896	7.758	6.619	17.221	11.360	9.907	8.452
20		38.81	44.63	48.50	55.77	5.448	1.807	1.615	1.077	1.012	1.400	1.400	1.400	0.48	0.48	12.839	8.469	7.385	6.301	16.449	10.850	9.461	8.072
21		39.62	45.56	49.54	56.97	5.277	1.808	1.620	1.082	1.013	1.400	1.400	1.400	0.46	0.46	12.257	8.085	7.050	6.016	15.736	10.380	9.051	7.724
22		40.43	46.49	50.54	58.12	5.113	1.808	1.630	1.088	1.016	1.400	1.400	1.400	0.44	0.44	11.710	7.723	6.734	5.746	15.072	9.940	8.667	7.395
23		41.17	47.34	51.45	59.16	4.955	1.808	1.640	1.098	1.018	1.400	1.400	1.400	0.42	0.42	11.191	7.381	6.436	5.491	14.434	9.520	8.301	7.082
24		41.88	48.16	52.35	60.20	4.803	1.808	1.650	1.108	1.020	1.400	1.400	1.400	0.39	0.39	10.705	7.061	6.157	5.254	13.857	9.140	7.970	6.801
25		42.60	48.99	53.26	61.24	4.657	1.808	1.660	1.114	1.022	1.400	1.400	1.400	0.38	0.38	10.254	6.763	5.897	5.032	13.312	8.780	7.656	6.533
26		43.25	49.73	54.07	62.18	4.516	1.808	1.670	1.119	1.023	1.400	1.400	1.400	0.36	0.36	9.831	6.485	5.655	4.825	12.795	8.440	7.360	6.280
27		43.88	50.46	54.85	63.07	4.381	1.808	1.680	1.129	1.025	1.400	1.400	1.400	0.34	0.34	9.444	6.229	5.432	4.634	12.311	8.120	7.081	6.041
28		44.52	51.19	55.64	63.98	4.251	1.809	1.690	1.134	1.027	1.400	1.400	1.400	0.33	0.33	9.073	5.984	5.218	4.452	11.857	7.820	6.819	5.818
29		45.05	51.80	56.33	64.77	4.125	1.809	1.695	1.139	1.029	1.400	1.400	1.400	0.31	0.31	8.714	5.749	5.014	4.278	11.429	7.540	6.576	5.611
30		45.59	52.42	57.01	65.56	4.005	1.809	1.700	1.155	1.031	1.400	1.400	1.400	0.30	0.30	8.394	5.536	4.827	4.118	11.023	7.270	6.339	5.408
31		46.06	52.96	57.58	66.21	3.888	1.809	1.710	1.160	1.033	1.400	1.400	1.400	0.28	0.28	8.084	5.333	4.651	3.968	10.656	7.030	6.131	5.231
32		46.51	53.48	58.15	66.87	3.776	1.809	1.720	1.170	1.035	1.400	1.400	1.400	0.27	0.27	7.812	5.152	4.492	3.833	10.296	6.790	5.920	5.052
33		46.88	53.91	58.60	67.39	3.668	1.809	1.730	1.181	1.036	1.400	1.400	1.400	0.26	0.26	7.537	4.971	4.335	3.698	9.977	6.580	5.738	4.895
34		47.24	54.32	59.06	67.91	3.564	1.809	1.740	1.186	1.038	1.400	1.400	1.400	0.25	0.25	7.277	4.800	4.186	3.571	9.672	6.380	5.564	4.746
35		47.61	54.75	59.51	68.43	3.464	1.809	1.750	1.191	1.040	1.400	1.400	1.400	0.24	0.24	7.054	4.651	4.055	3.460	9.373	6.180	5.388	4.597
36		47.88	55.06	59.85	68.82	3.368	1.809	1.760	1.202	1.042	1.400	1.400	1.400	0.23	0.23	6.823	4.501	3.925	3.349	9.095	6.000	5.232	4.464
37		48.07	55.28	60.07	69.08	3.274	1.809	1.770	1.212	1.044	1.400	1.400	1.400	0.22	0.22	6.615	4.363	3.805	3.246	8.839	5.830	5.084	4.337
38		48.24	55.47	60.30	69.34	3.185	1.809	1.780	1.222	1.046	1.400	1.400	1.400	0.21	0.21	6.423	4.235	3.693	3.150	8.599	5.670	4.944	4.217
39		48.33	55.57	60.48	69.48	3.098	1.809	1.790	1.233	1.048	1.400	1.400	1.400	0.20	0.20	6.240	4.117	3.590	3.064	8.382	5.530	4.822	4.116
40		48.42	55.68	60.53	69.60	3.015	1.809	1.800	1.243	1.050	1.400	1.400	1.400	0.20	0.20	6.065	4.000	3.488	2.976	8.173	5.390	4.700	4.010
41		50.61	58.20	63.26	72.74	2.936	1.809	1.810	1.249	1.052	1.400	1.400	1.400	0.19	0.19	5.910	3.900	3.401	2.903	7.925	5.230	4.561	3.893
42		52.77	60.68	65.96	75.85	2.857	1.810	1.820	1.254	1.054	1.400	1.400	1.400	0.18	0.18	5.755	3.800	3.315	2.830	7.678	5.070	4.423	3.776
43		56.08	64.49	69.79	80.25	2.760	1.768	1.830	1.260	1.056	1.400	1.400	1.400	0.18	0.18	5.636	3.700	3.222	2.743	7.677	5.040	4.389	3.736
44		59.46	68.37	73.65	84.69	2.666	1.725	1.840	1.265	1.058	1.400	1.400	1.400	0.17	0.17	5.514	3.600	3.129	2.658	7.658	5.000	4.346	3.692
45		61.59	70.82	76.00	87.40	2.578	1.686	1.850	1.271	1.060	1.400	1.400	1.400	0.16	0.16	5.395	3.500	3.036	2.572	7.630	4.950	4.294	3.638
46		64.98	74.72	79.90	91.88	2.494	1.706	1.870	1.276	1.062	1.400	1.400	1.400	0.16	0.16	5.062	3.400	2.982	2.564	7.072	4.750	4.166	3.582
47		68.42	78.68	83.80	96.37	2.414	1.724	1.890	1.282	1.064	1.400	1.400	1.400	0.15	0.15	4.738	3.300	2.929	2.557	6.533	4.550	4.038	3.526
48		72.07	82.88	87.83	101.00	2.332	1.741	1.910	1.287	1.066	1.400	1.400	1.400	0.14	0.14	4.421	3.200	2.876	2.551	6.024	4.360	3.979	3.523
49		75.57	86.90	91.68	105.43	2.254	1.758	1.930	1.293	1.068	1.400	1.400	1.400	0.14	0.14	4.114	3.100	2.823	2.545	5.653	4.260	3.919	3.521
50		80.17	92.18	96.87	111.48	2.180	1.773	1.950	1.298	1.070	1.400	1.400	1.400	0.13	0.13	3.817	3.000	2.770	2.539	5.357	4.210	3.888	3.518
51		82.55	94.93	99.39	114.29	2.108	1.787	1.970	1.304	1.072	1.400	1.400	1.400	0.13	0.13	3.699	2.920	2.700	2.479	5.295	4.180	3.865	3.516
52		86.28	99.22	103.53	119.05	2.039	1.801	1.990	1.309	1.074	1.400	1.400	1.400	0.12	0.12	3.556	2.840	2.636	2.431	5.184	4.140	3.843	3.513
53		91.60	105.34	108.76	125.07	2.003	1.845	2.010	1.315	1.076	1.400	1.400	1.400	0.12	0.12	3.417	2.760	2.571	2.382	5.076	4.100	3.819	3.510
54		98.10	112.81	115.36	132.66	1.968	1.889	2.030	1.320	1.078	1.400	1.400	1.400	0.11	0.11	3.278	2.680	2.506	2.333	4.954	4.050	3.787	3.508
55		103.23	118.71	120.40	138.46	1.933	1.933	2.050	1.326	1.080	1.400	1.400	1.400	0.10	0.10	3.140	2.600	2.442	2.284	4.819	3.990	3.748	3.505
56		109.53	125.95	126.81	145.83	1.897	0.000	2.070	1.331	1.082	1.400	1.400	1.400	0.10	0.10	3.039	2.550	2.405	2.261	4.517	3.790	3.574	3.360
57		115.35	132.65	132.64	152.53	1.858	0.000	2.090	1.337	1.084	1.400	1.400	1.400	0.10	0.10	2.939	2.500	2.369	2.238	4.244	3.610	3.421	3.232
58		126.36	145.31	144.32	165.96	1.816	0.000	2.110	1.342	1.086	1.400	1.400	1.400	0.09	0.09	2.858	2.450	2.328	2.205	4.025	3.450	3.278	3.105
59		136.10	156.51	154.52	177.69	1.778	0.000	2.130	1.348	1.088	1.400	1.400	1.400	0.09	0.09	2.800	2.400	2.280	2.160	3.897	3.340	3.173	3.006
60		146.40	168.36	165.33	190.12	1.742	0.000	2.150	1.353	1.090	1.400	1.400	1.400	0.08	0.08	2.742	2.350	2.233	2.115	3.769	3.240	3.069	2.907
61		156.04	179.44	175.47	201.79	1.705	0.000	2.170	1.359	1.092	1.400	1.400	1.400	0.08	0.08	2.660	2.280	2.166	2.052	3.722	3.190	3.031	2.871
62		168.64	193.93	188.88	217.21	1.661	0.000	2.190	1.364	1.094	1.400	1.400	1.400	0.08	0.08	2.578	2.210	2.100	1.989	3.663	3.140	2.984	2.826
63		189.69	218.14	211.38	243.08	1.614	0.000	2.210	1.370	1.096	1.400	1.400	1.400	0.08	0.08	2.497	2.140	2.033	1.926	3.547	3.040	2.888	2.736
64		212.46	244.32	235.77	271.13	1.568	0.000	2.230	1.375	1.098	1.400	1.400	1.400	0.07	0.07	2.415	2.070	1.967	1.863	3.477	2.980	2.832	2.682

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA  
Exhibit B1  
Rates and Factors After Proposed Increase (3 Phases of 25% Each)  
Individual / Preferred Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT						PREMIUM AND RIDER FACTORS									
	Facility Care Service			Comprehensive Care			Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCSS Waiver	Paid Up Survivor
	After 1st Phase	After 2nd Phase	After 3rd Phase	After 1st Phase	After 2nd Phase	After 3rd Phase	5%	3%					5%	3%		
40	50.00	62.50	78.12	62.50	78.12	97.65	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	52.50	65.62	82.02	65.62	82.02	102.52	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	55.00	68.75	85.93	68.75	85.93	107.41	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	57.76	72.20	90.25	71.87	89.83	112.28	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	60.53	75.66	94.57	75.00	93.75	117.18	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	62.03	77.53	96.91	76.56	95.70	119.62	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	64.82	81.02	101.27	79.68	99.60	124.50	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	67.60	84.50	105.62	82.81	103.51	129.38	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	71.78	89.72	112.15	87.50	109.37	136.71	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	75.97	94.96	118.70	92.18	115.22	144.02	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	81.46	101.82	127.27	98.43	123.03	153.78	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	85.65	107.06	133.82	103.12	128.90	161.12	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	89.83	112.28	140.35	107.81	134.76	168.45	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	96.07	120.08	150.10	114.06	142.57	178.21	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	103.62	129.52	161.90	121.87	152.33	190.41	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	109.85	137.31	171.63	128.12	160.15	200.18	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	117.41	146.76	183.45	135.93	169.91	212.38	2.450	1.810	1.386	1.331	1.733		3.246	2.398	1.077	1.400
57	123.63	154.53	193.16	142.18	177.72	222.15	2.400	1.790	1.404	1.337	1.710		3.086	2.301	1.080	1.400
58	135.45	169.31	211.63	154.68	193.35	241.68	2.350	1.770	1.422	1.342	1.684		2.938	2.213	1.082	1.400
59	145.88	182.35	227.93	165.62	207.02	258.77	2.300	1.750	1.440	1.348	1.657		2.837	2.159	1.085	1.400
60	157.71	197.13	246.41	178.12	222.65	278.31	2.250	1.730	1.458	1.353	1.631		2.738	2.105	1.087	1.400
61	168.13	210.16	262.70	189.06	236.32	295.40	2.200	1.710	1.476	1.359	1.604		2.695	2.095	1.090	1.400
62	179.96	224.95	281.18	201.56	251.95	314.93	2.150	1.690	1.494	1.364	1.578		2.634	2.071	1.092	1.400
63	200.51	250.63	313.28	223.43	279.28	349.10	2.100	1.670	1.512	1.370	1.548		2.533	2.014	1.095	1.400
64	222.46	278.07	347.58	246.87	308.58	385.72	2.050	1.650	1.530	1.375	1.518		2.466	1.985	1.097	1.400
65	243.01	303.76	379.70	268.75	335.93	419.91	2.000	1.630	1.539	1.386	1.489		2.391	1.949	1.100	1.400
66	264.96	331.20	414.00	292.18	365.22	456.52	1.950	1.610	1.548	1.397	1.459		2.321	1.917	1.102	1.390
67	285.51	356.88	446.10	314.06	392.57	490.71	1.900	1.590	1.557	1.408	1.429		2.247	1.880	1.105	1.380
68	322.43	403.03	503.78	354.68	443.35	554.18	1.850	1.570	1.566	1.419	1.401		2.188	1.857	1.107	1.370
69	359.37	449.21	561.51	395.31	494.13	617.66	1.800	1.550	1.575	1.430	1.373		2.125	1.830	1.110	1.360
70	394.88	493.60	617.00	434.37	542.96	678.70	1.750	1.530	1.584	1.441	1.345		2.059	1.800	1.112	1.350
71	431.81	539.76	674.70	475.00	593.75	742.18	1.720	1.510	1.593	1.452	1.317		1.996	1.753	1.115	1.340
72	468.75	585.93	732.41	515.62	644.52	805.65	1.690	1.490	1.602	1.463	1.289		1.934	1.705	1.117	1.330
73	535.51	669.38	836.72	589.06	736.32	920.40	1.660	1.470	1.611	1.474	1.267		1.873	1.658	1.120	1.320
74	600.85	751.06	938.82	660.93	826.16	1,032.70	1.630	1.450	1.620	1.485	1.244		1.811	1.611	1.122	1.310
75	667.60	834.50	1,043.12	734.37	917.96	1,147.45	1.600	1.430	1.629	1.491	1.221		1.800	1.609	1.125	1.300
76	732.95	916.18	1,145.22	806.25	1,007.81	1,259.76	1.580	1.420	1.638	1.496	1.198		1.770	1.591	1.127	1.300
77	799.71	999.63	1,249.53	879.68	1,099.60	1,374.50	1.560	1.410	1.647	1.502	1.176		1.740	1.572	1.130	1.300
78	897.72	1,122.15	1,402.68	987.50	1,234.37	1,542.96	1.540	1.400	1.656	1.507	1.154		1.710	1.554	1.132	1.300
79	997.15	1,246.43	1,558.03	1,096.87	1,371.08	1,713.85	1.520	1.390	1.665	1.513	1.132		1.680	1.536	1.135	1.300
80	1,095.16	1,368.95	1,711.18	1,204.68	1,505.85	1,882.31	1.500	1.380	1.674	1.518	1.111		1.650	1.518	1.137	1.300
81	1,194.60	1,493.25	1,866.56	1,314.06	1,642.57	2,053.21	1.490	1.370	1.683	1.524	1.089		1.630	1.499	1.140	1.300
82	1,292.60	1,615.75	2,019.68	1,421.87	1,777.33	2,221.66	1.480	1.360	1.692	1.529	1.067		1.610	1.479	1.142	1.300
83	1,399.13	1,748.91	2,186.13	1,539.06	1,923.82	2,404.77	1.470	1.350	1.701	1.535	1.046		1.590	1.460	1.145	1.300
84	1,514.20	1,892.75	2,365.93	1,665.62	2,082.02	2,602.52	1.460	1.340	1.710	1.540	1.026		1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:	
2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088 Quarterly- 0.27 Semi-Annual - 0.52

Direct Marketing Discount: All Ages: 10%

Berkshire Life Insurance Company of America  
Policy Form: BG01P01/09-VA

Exhibit B2

Rates and Factors After Proposed Increase (3 Phases of 20% Each)  
Individual / Standard Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT						2580	Nonforfeiture Options	HCSS Waiver	Paid Up Survivor	COST OF LIVING RIDER FACTORS											
	Standard Rates			Comprehensive Care							Limited Pay Options	Lifetime Step Rate 5%	Lifetime Pay Level				Limited Pay Level					
	Facility Care Service			Comprehensive Care									1st Year	Annual Increase	6%		5%		4%	3%		
	After 1st Phase	After 2nd Phase	After 3rd Phase	After 1st Phase	After 2nd Phase	After 3rd Phase					10 pay per 2nd PU 65	ROP			SBP	1st Year	Annual Increase	6%			5%	4%
18	38.82	46.58	55.89	48.52	58.22	69.86	5.810	1.807	1.600	1.067	1.010	1.400	1.40	0.54	14.148	9.333	8.139	6.944	18.039	11.900	10.378	8.854
19	39.66	47.59	57.10	49.58	59.49	71.38	5.625	1.807	1.610	1.072	1.011	1.400	1.40	0.51	13.486	8.896	7.758	6.619	17.221	11.360	9.907	8.452
20	40.50	48.60	58.32	50.61	60.73	72.87	5.448	1.807	1.615	1.077	1.013	1.400	1.40	0.48	12.839	8.469	7.385	6.301	16.449	10.850	9.461	8.072
21	41.35	49.62	59.54	51.69	62.02	74.42	5.277	1.808	1.620	1.082	1.015	1.400	1.40	0.46	12.257	8.085	7.050	6.016	15.736	10.380	9.051	7.724
22	42.19	50.62	60.74	52.74	63.28	75.93	5.113	1.808	1.630	1.088	1.016	1.400	1.40	0.44	11.710	7.723	6.734	5.746	15.072	9.940	8.667	7.395
23	42.96	51.55	61.86	53.68	64.41	77.29	4.955	1.808	1.640	1.092	1.018	1.400	1.40	0.42	11.191	7.381	6.436	5.491	14.434	9.520	8.301	7.082
24	43.70	52.44	62.92	54.63	65.55	78.66	4.803	1.808	1.650	1.108	1.020	1.400	1.40	0.39	10.705	7.061	6.157	5.254	13.857	9.140	7.970	6.801
25	44.46	53.25	64.02	55.58	66.69	80.02	4.657	1.808	1.660	1.114	1.022	1.400	1.40	0.38	10.254	6.763	5.897	5.032	13.312	8.780	7.656	6.533
26	45.13	54.15	64.98	56.42	67.70	81.24	4.516	1.808	1.670	1.119	1.023	1.400	1.40	0.36	9.831	6.485	5.655	4.825	12.795	8.440	7.360	6.280
27	45.79	54.94	65.92	57.24	68.68	82.41	4.381	1.808	1.680	1.129	1.025	1.400	1.40	0.34	9.444	6.229	5.432	4.634	12.311	8.120	7.081	6.041
28	46.46	55.75	66.90	58.06	69.67	83.60	4.251	1.809	1.690	1.134	1.027	1.400	1.40	0.33	9.073	5.984	5.218	4.452	11.857	7.820	6.819	5.818
29	47.01	56.41	67.69	58.78	70.53	84.63	4.125	1.809	1.695	1.139	1.029	1.400	1.40	0.31	8.714	5.749	5.014	4.278	11.429	7.540	6.576	5.611
30	47.58	57.09	68.50	59.49	71.38	85.65	4.005	1.809	1.700	1.155	1.031	1.400	1.40	0.30	8.394	5.536	4.827	4.118	11.023	7.270	6.339	5.408
31	48.07	57.68	69.21	60.08	72.09	86.50	3.888	1.809	1.710	1.160	1.033	1.400	1.40	0.28	8.084	5.333	4.651	3.968	10.656	7.030	6.131	5.231
32	48.54	58.24	69.88	60.68	72.81	87.37	3.776	1.809	1.720	1.170	1.035	1.400	1.40	0.27	7.812	5.152	4.492	3.833	10.296	6.790	5.920	5.052
33	48.92	58.70	70.44	61.15	73.38	88.05	3.668	1.809	1.730	1.181	1.036	1.400	1.40	0.26	7.537	4.971	4.335	3.698	9.977	6.580	5.738	4.895
34	49.29	59.14	70.96	61.63	73.95	88.74	3.564	1.809	1.740	1.186	1.038	1.400	1.40	0.25	7.277	4.800	4.186	3.571	9.672	6.380	5.564	4.746
35	49.68	59.61	71.53	62.10	74.52	89.42	3.464	1.809	1.750	1.191	1.040	1.400	1.40	0.24	7.054	4.651	4.055	3.460	9.373	6.180	5.388	4.597
36	49.96	59.95	71.94	62.46	74.95	89.94	3.368	1.809	1.760	1.202	1.042	1.400	1.40	0.23	6.823	4.501	3.925	3.349	9.095	6.000	5.232	4.464
37	50.16	60.19	72.22	62.68	75.21	90.25	3.274	1.809	1.770	1.212	1.044	1.400	1.40	0.22	6.615	4.363	3.805	3.246	8.839	5.830	5.084	4.337
38	50.34	60.40	72.48	62.92	75.50	90.60	3.185	1.809	1.780	1.222	1.046	1.400	1.40	0.21	6.423	4.235	3.693	3.150	8.599	5.670	4.944	4.217
39	50.43	60.51	72.61	63.04	75.64	90.76	3.098	1.809	1.790	1.233	1.048	1.400	1.40	0.21	6.240	4.117	3.590	3.064	8.382	5.530	4.822	4.116
40	50.53	60.63	72.75	63.16	75.79	90.94	3.015	1.809	1.800	1.243	1.050	1.400	1.40	0.20	6.065	4.000	3.488	2.976	8.173	5.390	4.700	4.010
41	52.81	63.37	76.04	66.01	79.21	95.05	2.936	1.809	1.810	1.249	1.052	1.400	1.40	0.19	5.910	3.900	3.401	2.903	7.925	5.230	4.561	3.893
42	55.06	66.07	79.28	68.83	82.59	99.10	2.857	1.810	1.820	1.254	1.054	1.400	1.40	0.18	5.755	3.800	3.315	2.830	7.678	5.070	4.423	3.776
43	58.52	70.22	84.26	72.82	87.38	104.85	2.760	1.768	1.830	1.260	1.056	1.400	1.40	0.18	5.636	3.700	3.222	2.743	7.677	5.040	4.389	3.736
44	62.05	74.46	89.35	76.86	92.23	110.67	2.666	1.725	1.840	1.265	1.058	1.400	1.40	0.17	5.514	3.600	3.149	2.658	7.658	5.000	4.346	3.692
45	64.27	77.12	92.54	79.30	95.16	114.90	2.578	1.686	1.850	1.271	1.060	1.400	1.40	0.16	5.395	3.500	3.036	2.572	7.430	4.950	4.294	3.638
46	67.81	81.37	97.64	83.37	100.04	120.04	2.494	1.706	1.870	1.276	1.062	1.400	1.40	0.16	5.062	3.400	2.982	2.564	7.072	4.750	4.166	3.582
47	71.40	85.68	102.81	87.44	104.92	125.90	2.414	1.724	1.890	1.282	1.064	1.400	1.40	0.15	4.738	3.300	2.929	2.557	6.533	4.550	4.038	3.526
48	75.20	90.24	108.28	91.65	109.98	131.97	2.332	1.741	1.910	1.287	1.066	1.400	1.40	0.14	4.421	3.200	2.876	2.551	6.024	4.360	3.979	3.523
49	78.86	94.63	113.55	95.67	114.80	137.76	2.254	1.758	1.930	1.293	1.068	1.400	1.40	0.14	4.114	3.100	2.823	2.545	5.653	4.260	3.919	3.521
50	83.66	100.39	120.46	101.08	121.29	143.54	2.180	1.773	1.950	1.298	1.070	1.400	1.40	0.13	3.817	3.000	2.770	2.539	5.357	4.210	3.887	3.518
51	86.14	103.36	124.03	103.71	124.45	149.34	2.108	1.787	1.970	1.304	1.072	1.400	1.40	0.13	3.699	2.920	2.700	2.479	5.295	4.180	3.865	3.516
52	90.03	108.03	129.63	108.03	129.63	155.55	2.039	1.801	1.990	1.309	1.074	1.400	1.40	0.12	3.556	2.840	2.636	2.431	5.184	4.140	3.843	3.513
53	95.59	114.70	137.64	113.49	136.18	163.41	2.003	1.845	2.010	1.315	1.076	1.400	1.40	0.12	3.417	2.760	2.571	2.382	5.076	4.100	3.819	3.510
54	102.37	122.84	147.40	120.38	144.45	173.34	1.968	1.889	2.030	1.320	1.078	1.400	1.40	0.11	3.278	2.680	2.506	2.333	4.954	4.050	3.787	3.508
55	107.72	129.26	155.11	125.64	150.76	180.91	1.933	1.933	2.050	1.326	1.080	1.400	1.40	0.10	3.140	2.600	2.442	2.284	4.819	3.990	3.748	3.505
56	114.30	137.16	164.59	132.32	158.78	190.53	1.897	0.000	2.070	1.331	1.082	1.400	1.40	0.10	3.039	2.550	2.405	2.261	4.517	3.790	3.574	3.360
57	120.37	144.44	173.32	138.40	166.08	199.29	1.858	0.000	2.090	1.337	1.084	1.400	1.40	0.10	2.939	2.500	2.369	2.238	4.244	3.610	3.421	3.322
58	131.85	158.22	189.86	150.60	180.72	216.86	1.816	0.000	2.110	1.342	1.086	1.400	1.40	0.09	2.858	2.450	2.328	2.205	4.025	3.450	3.278	3.105
59	142.02	170.42	204.50	161.24	193.48	232.17	1.778	0.000	2.130	1.348	1.088	1.400	1.40	0.09	2.800	2.400	2.280	2.160	3.897	3.340	3.173	3.006
60	152.77	183.32	219.98	172.52	207.02	248.42	1.742	0.000	2.150	1.353	1.090	1.400	1.40	0.08	2.742	2.350	2.235	2.115	3.769	3.230	3.069	2.907
61	162.82	195.38	234.45	183.10	219.72	263.66	1.705	0.000	2.170	1.359	1.092	1.400	1.40	0.08	2.660	2.280	2.166	2.052	3.722	3.190	3.031	2.871
62	175.98	211.17	253.40	197.10	236.52	283.82	1.661	0.000	2.190	1.364	1.094	1.400	1.40	0.08	2.578	2.210	2.100	1.989	3.663	3.140	2.984	2.826
63	197.94	237.52	285.02	220.57	264.68	317.61	1.614	0.000	2.210	1.370	1.096	1.400	1.40	0.08	2.497	2.140	2.033	1.926	3.547	3.040	2.888	2.736
64	221.70	266.04	319.24	246.02	295.22</																	

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Certification of Compliance
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Cert of Compliance rev.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	05/13/2021

<b>Satisfied - Item:</b>	Product Checklist
<b>Comments:</b>	Reviewed
<b>Attachment(s):</b>	
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	03/09/2020

<b>Satisfied - Item:</b>	L&H Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo with Attachments VA.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/20/2020

<b>Satisfied - Item:</b>	Long Term Care Insurance Rate Request Summary
<b>Comments:</b>	
<b>Attachment(s):</b>	Health Ins Rate Rqst Summary Pt1 with Summary.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/20/2020

<b>Satisfied - Item:</b>	TPA Authorization Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	BLICOA Auth Ltr Rate Filings (2020).pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	03/09/2020

<b>Satisfied - Item:</b>	BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF
<b>Comments:</b>	Moved to Form Schedule
<b>Attachment(s):</b>	
<b>Item Status:</b>	Received & Acknowledged

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

<b>Status Date:</b>	11/20/2020
<b>Satisfied - Item:</b>	BG01P VA CNF - Redline & BG01P VA NF - Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA CNF redline.pdf BG01P VA NF redline.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/20/2020
<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability.pdf
<b>Item Status:</b>	Filed
<b>Status Date:</b>	05/13/2021
<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 01 08 20 Rev1
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 01 08 20 Rev1.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/29/2020
<b>Satisfied - Item:</b>	VA Response Letter 01 08 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 01 08 20.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	03/09/2020
<b>Satisfied - Item:</b>	VA Response Letter 03 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 09 20.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/29/2020
<b>Satisfied - Item:</b>	Berkshire Rate Filing Actuarial Memo VA Rev1 Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA Rev1 Redline.pdf
<b>Item Status:</b>	Received & Acknowledged

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

<b>Status Date:</b>	04/29/2020
<b>Satisfied - Item:</b>	VA Response Letter 03 30 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 30 20.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/29/2020
<b>Satisfied - Item:</b>	Berkshire VA Objection Response Attachments 03 30 20
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire VA Objection Response Attachments 03 30 20.pdf Berkshire VA Objection Response Attachments 03 30 20.xlsx
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	04/29/2020
<b>Satisfied - Item:</b>	Berkshire Rate Filing Actuarial Memo VA Rev2 Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	Berkshire Rate Filing Actuarial Memo VA Rev2 Redline.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	07/13/2020
<b>Satisfied - Item:</b>	VA Response Letter 05 18 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 05 18 20.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	07/13/2020
<b>Satisfied - Item:</b>	VA Response Letter 06 03 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 06 03 20.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	07/13/2020
<b>Satisfied - Item:</b>	VA Response Letter 07 09 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 07 09 20.pdf
<b>Item Status:</b>	Received & Acknowledged



<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

<b>Status Date:</b>	11/20/2020
<b>Satisfied - Item:</b>	BG01P Virginia Statement of Variability Redline
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P Virginia Statement of Variability redline.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/20/2020
<b>Satisfied - Item:</b>	BG01P VA NF John Doe & BG01P VA CNF John Doe
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA NF John Doe.pdf BG01P VA CNF John Doe.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/20/2020
<b>Satisfied - Item:</b>	VA Response Letter 11 12 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 11 12 20.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/20/2020
<b>Satisfied - Item:</b>	BG01P VA NF CCR John Doe & BG01P VA CNF CCR John Doe
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA NF CCR John Doe.pdf BG01P VA CNF CCR John Doe.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/20/2020
<b>Satisfied - Item:</b>	BG01P VA NF Highlighted & BG01P VA CNF Highlighted
<b>Comments:</b>	
<b>Attachment(s):</b>	BG01P VA NF Highlighted.pdf BG01P VA CNF Highlighted.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/20/2020
<b>Satisfied - Item:</b>	BG01P VA NF CCR Highlighted & BG01P VA CNF CCR Highlighted
<b>Comments:</b>	

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
<b>Product Name:</b>	Care ProVider & Choice ProVider		
<b>Project Name/Number:</b>	/		

<b>Attachment(s):</b>	BG01P VA NF CCR Highlighted.pdf BG01P VA CNF CCR Highlighted.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/20/2020

<b>Satisfied - Item:</b>	VA Response Letter 11 13 20
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 11 13 20.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	11/20/2020

<b>Satisfied - Item:</b>	Flesch Score Berkshire-VA Filing
<b>Comments:</b>	
<b>Attachment(s):</b>	Flesch Score Berkshire-VA Filing.pdf
<b>Item Status:</b>	Filed
<b>Status Date:</b>	05/13/2021

<b>Satisfied - Item:</b>	VA Response Letter 03 01 21
<b>Comments:</b>	
<b>Attachment(s):</b>	VA Response Letter 03 01 21.pdf
<b>Item Status:</b>	Received & Acknowledged
<b>Status Date:</b>	05/13/2021

<b>SERFF Tracking #:</b>	LFCR-132210833	<b>State Tracking #:</b>	LFCR-132210833	<b>Company Tracking #:</b>	VA BG01(06/04) & (01/09) RATE INCREASE
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<b>State:</b>	Virginia	<b>Filing Company:</b>	Berkshire Life Insurance Company of America		
<b>TOI/Sub-TOI:</b>	LTC03I Individual Long Term Care/LTC03I.001 Qualified				
<b>Product Name:</b>	Care ProVider & Choice ProVider				
<b>Project Name/Number:</b>	/				

***Attachment Berkshire VA Objection Response Attachments 01 08 20 Rev1.xlsx is not a PDF document and cannot be reproduced here.***

***Attachment Berkshire VA Objection Response Attachments 03 30 20.xlsx is not a PDF document and cannot be reproduced here.***

Submitted By: Xiaoyan Song, FSA, MAAA, FLMI, LTCP

CERTIFICATION

The company has reviewed the enclosed policy form(s) and certified that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.



Name: Xiaoyan Song, FSA, MAAA, FLMI, LTCP

Title : Consulting Actuary

Date: 3/16/2021

**Flesch Scores**

BG01P VA CNF: 40.4

BG01P VA CNF CCR: 37.9

BG01P VA NF: 41.9

BG01P VA NF CCR: 37.0

**Berkshire Life Insurance Company of America**

**Home Office: Pittsfield, Massachusetts  
Company NAIC No. 71714  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

**Actuarial Memorandum**

November 2020

**Long Term Care Insurance Policy:**

**Form BG01P(06/04)-VA**

**Long Term Care Insurance Policy:**

**Form BG01P(01/09)-VA**

Berkshire Life Insurance Company of America (Berkshire Life) is requesting a rate increase on the above listed Long-Term Care (LTC) policy forms. Policy form BG01P(06/04)-VA was issued in Virginia from 2004 through 2010 under product name “Care ProVider” and is referred to as “BG01” in this actuarial memorandum. Policy form BG01P(01/09)-VA was issued in Virginia from 2010 through 2012 under product name “LTC Choice ProVider” and is referred to as “BG04” in this memorandum. The above policy forms are no longer being marketed in any jurisdiction.

**1. Purpose of Filing**

This is a rate increase filing for existing Long-Term Care policy forms. This actuarial memorandum has been prepared for the purpose of demonstrating that the requested rate increase meets the minimum requirements of the 2014 National Association of Insurance Commissioners (NAIC) Long-Term Care Insurance Model Regulation and the applicable regulatory requirements of this jurisdiction. It may not be suitable for other purposes.

**2. Scope of Filing**

This filing applies to the Company’s LTC policy forms as specified above. These forms provide daily benefit for qualified long-term care services in various settings, as summarized in Exhibit A, when the insured meets policy benefit qualification requirements.

The forms included in this filing are individual LTC policies that are guaranteed renewable for life, subject to the Company’s right to change premium rates.

These policy forms were issue age rated and fully underwritten. The issue ages were from 40 to 84 on an age nearest birthday basis, except for endorsed groups where the issue age range was 18 to 84 in some jurisdictions. Strict underwriting criteria were administered with frequent utilization of medical records and paramedical functional assessments, personal history interviews and MIB searches.

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November 2020

These policy forms were marketed by individual agents of Berkshire Life Insurance Company of America.

The proposed rate increase is applicable to all inforce policies as these forms are no longer being marketed. Paid-up policies will not receive a rate increase.

The number of policyholders and the annual inforce premium, as of December 2018, are displayed in Exhibits A1 and A2. The exhibits also show the average annual premium before and after proposed rate increase.

**3. Reason for the Increase**

A rate increase is necessary at this time due to significantly higher anticipated future and lifetime loss ratios. The higher loss ratios are a result of a combination of lower lapse, lower death, longer claim continuance, and lower investment earnings on the assets.

Berkshire Life has been evaluating this block and updating assumptions based on the actual experience as well as the industry experience. For the policy forms specified above, projected experience is now worse than what original pricing assumptions were projecting. The combined effect of updating the lapse, mortality and morbidity assumptions to better reflect the actual experience, as well as industry data, resulted in the need for a rate increase.

The current premium levels are inadequate. Therefore, the Company is requesting a rate increase to help alleviate the adverse performance on this block of business. Implementing a necessary rate increase earlier reduces the amount of the rate increase.

**4. Requested Rate Increase**

The Company is requesting the approval of the following increases:

BG01: A flat increase of 22% on the current base rates.

BG04: Two-year phase-in flat increase of 15% each year on the current base rates; this is a cumulative 32.25% increase on the current base rates.

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The increase does not vary by issue age or other policy characteristics. The new premium for any contract is equal to the product of the contract's current premium and one plus the base premium increase percentage. Paid-up policies will not be affected by the rate increase.

Please see Exhibits B1 & B2 for rate tables reflecting the rate increase:

Exhibit B1: BG01 proposed rates

Exhibit B2: BG04 proposed rates

Please note that the actual rates implemented may vary from those in the rate pages slightly due to implementation rounding algorithms.

**5. History of Previous Rate Revisions**

**a. BG01**

A flat increase of 25% was approved on August 22, 2016.

**b. BG04**

No prior rate increase has been requested for this policy form.

**6. Actuarial Assumptions**

**a. Interest**

The maximum valuation interest rate for contract reserves has been used for accumulating historical experience and for discounting projected future experience.

Maximum Valuation Interest Rate: BG01: 4.5%  
BG04: 4.0%

**b. Lapse**

The current best estimate ultimate lapse rate is assumed to be 0.65%, formulated by analyzing the trend in lapse rates of later policy durations for the reinsurer's entire similarly underwritten and administered block of LTC policies. Exhibit C shows the reinsurer's actual to expected lapse



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experience by duration where the expected is based on current best estimate assumptions.

**c. Mortality**

The current best estimate mortality assumptions are also based on the reinsurer's combined experience. The attained age mortality is assumed to be 100% of the 2012 IAR Table, which consists of the 2012 IAM Period Table along with the use of Scale G2 to project future mortality improvements beyond 2012, with duration selection factors, varied by joint vs. single, shown in Exhibit D1. Mortality selection factors for Single grade from 20% to 100% over 16 years while selection factors for Joint grade from 20% to 100% over 21 years.

Exhibit D2 includes a comparison of actual deaths and expected deaths based on best estimate assumptions for the combined reinsurer's block of LTC policies.

**d. Morbidity**

The current best estimate morbidity assumptions are based on the experience of the reinsurer's entire similarly underwritten and administered block of LTC policies as well. Studies are performed for incidence, continuance, utilization, and recovery from claim data. Incidence rates by gender, marital status, and attained age have been developed.

Claim continuance rates are derived from reinsurer data that has been credibility blended with the latest industry data. Recovery and return to active status is based on the policyholders' attained ages at the time their claims are incurred, grading down from 59% of all claims at age 40, to 8.5% at age 99, and then 0% at age 120. Utilization factors are then applied to the claim costs, which are as follows: 73% for COLA reimbursement policies and 90% for non-COLA reimbursement policies. No underwriting selection durational factors or morbidity improvements are assumed in the projection.

Policy design features have been taken into consideration. Benefit provisions, elimination periods, benefit periods, number of units, benefit growth, etc. have been accounted for either in the development of claim costs or projection model formulas.

Exhibit E1 shows the best estimate incidence rates by gender and marital status. Exhibit E2 demonstrates the best estimate lengths of stay for lifetime benefit period, 90-day elimination period policies with and without 5% Compound COLA.

Attachments E3 and E4 contain the analysis of actual to expected incidence and termination respectively, with expected based on best estimate assumptions, for the combined reinsurer LTC blocks.

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November 2020

**e. Expenses**

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

**f. Rate Increase Impact on Policyholder Behavior**

At the time of a rate increase, policyholders have the option to elect a Contingent Benefit Upon Lapse (CBUL) or reduced benefit options (RBO). An increase in morbidity for adverse selection due to the rate increase is also assumed based on the percentage of policyholders that elect CBUL and RBO.

Policyholders who elect a CBUL are modeled as a shock lapse. The shock lapse assumption represents policyholders who are assumed to drop their policies instead of accepting a rate increase. The RBO assumption represents policyholders who are assumed to choose to reduce benefits in order to offset all or some of the rate increase. Adverse selection associated with the requested increase is a function of CBUL and RBO election. The reasoning for a permanent shift in morbidity due to adverse selection is that the insureds remaining after the increase are those who choose to accept the rate increase (i.e., the insureds who think they will use the policy) and are a less healthy population (will use more benefits) than the pre-filing cohort. For those who lapse the policy, the assumption is that the insureds are healthier and less likely to need the policy as they do not value the policy enough to pay a higher premium.

The following provides approximate averages for these assumptions: 3% shock lapse, 11% RBO election rate, and 2% morbidity increase due to adverse selection.

The projections in Attachments F1 and G1 assume half of the rate increase is expected to occur in 2020 and the other half in 2021. The projections in Attachments F2 and G2 assume half of the 1<sup>st</sup> phase increase is expected to occur in 2020 and the other half in 2021, and assume half of the 2<sup>nd</sup> phase increase is expected to occur in 2021 and the other half in 2022.

The above assumptions are based on the experience of policies issued by the Company, reinsurer and industry experience, and actuarial judgement. The best estimate assumptions reflect an estimate of the most likely outcome and do not reflect an explicit margin for conservatism.

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**7. Area Factors and Trend Assumptions**

Area factors were not used in pricing for the above listed policy forms. As this is not medical insurance, an explicit medical cost trend is not included in the projections.

**8. Reserves**

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2018 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve (IBNR) balances as of December 31, 2018 have been allocated to a calendar year of incurral and included in historical incurred claims. Paid claims have been discounted to the incurral date and included in historical incurred claims. Claim reserves are calculated for active and pending claimants as present value of benefit payments discounted by interest and terminations. The IBNR is based on lag factors which are applied to the claim reserves and survivor payments based on the difference between the incurral date and the valuation date.

**9. Past and Future Policy Experience**

Earned premiums and incurred claims for projection years 2019 through 2058 are developed from an active lives model representing actual contracts in force as of December 31, 2018. The best estimate assumptions described above for morbidity, voluntary lapse and mortality are used to project earned premiums and incurred claims.

Nationwide and statewide historical experience and projections before and after proposed rate increase are shown as follows:

<b>Policy Form</b>	<b>Nationwide</b>	<b>Virginia</b>
BG01	Exhibit F1	Exhibit G1
BG04	Exhibit F2	Exhibit G2

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

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Company NAIC No. 71714  
Administrative Office: Post Office Box 4243  
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$$LR_j = \frac{\sum_{t=j}^{2018} Pmt_t^j \times v^{t-j} + {}_jCR_{2018} \times v^{2018-j+0.5} + {}_jIBNR_{2018} \times v^{2018-j+0.5}}{EP_j}$$

$LR_j$  = loss ratio for year  $j$

$Pmt_t^j$  = claim payments in year  $t$  on claims incurred in year  $j$ , assumed to occur midyear

${}_jCR_{2018}$  = claim reserve held on December 31, 2018 for claims incurred in year  $j$

${}_jIBNR_{2018}$  = incurred but not reported reserve as of December 31, 2018 attributable to claims incurred in year  $j$

$EP_j$  = earned premium in year  $j$ , assumed mid-year

$j$  = year of incurral

- **BG01:**  $v = 1 / 1.045 = 0.956938$
- **BG04:**  $v = 1 / 1.04 = 0.961538$

Future anticipated loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums. Lifetime loss ratio as of December 31, 2018 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at the maximum valuation interest rate.

**10. Analysis Performed**

The originally approved premium schedule was based on pricing assumptions believed to be appropriate, given industry experience available when the originally approved rate schedule was developed. The original pricing assumptions for voluntary lapse, mortality and claim costs were as follows:

**a. Original Pricing Ultimate Lapse**

BG01: 2.00%

BG04: 0.75%

**b. Original Pricing Mortality**

BG01: 1983 GAM

BG04: 1994 GAM with duration selection factors.

**c. Original Pricing Morbidity**

Original pricing claim costs for skilled, intermediate and Facility Care Benefits are derived from The Reports of the Society of Actuaries based on the 1985 National Nursing Home Survey Utilization Data in Transactions, Society of Actuaries, 1988-89-90 Reports; and the Long Term Care

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Intercompany Study: 1984-1991 Experience in Transactions, Society of Actuaries, 1993-94 Reports.  
Claim costs factors shown in the original actuarial memorandum are applied to the inforce lives and represent the expected cost per life of incurred benefits.

Original pricing claim costs for Home and Community Based Care are decreasing percentages of Facility Care claims costs derived from information provided by a reinsurer.

Underwriting selection durational factors are:

BG01: 10%, 20%, 40%, 60%, 80%, 100% for durations 6 & later.

BG04:

Single: 35%, 40%, 45%, 50%, 60%, 80%, 90%, 100% durations 8 & later.

Joint: 21%, 24%, 27%, 30%, 36%, 38%, 48%, 54%, 60%, 66%, 72%, 78%, 84%, 90%, 96%, 100% for durations 15 & later.

**d. Original Pricing Interest**

BG01: 4.5%

BG04: 5.5%

As part of the inforce management of the business, the reinsurer and administrator of the business monitor the performance of the business by completing periodic actual-to-expected analysis for voluntary lapse, mortality, claim incidence, and claim termination. The findings from these analyses were used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio. An analysis of the projected lifetime loss ratio based on current best estimate assumptions compared to that assumed at the time of original pricing revealed that experience had deteriorated significantly.

The best estimate assumptions used in this filing (described in Section 6) are based on actual inforce experience of the Company, experience of the reinsurer's similarly underwritten and administered LTC products, industry experience, and actuarial judgement. Actual persistency and claim continuance have been higher than what were assumed in original pricing.

**11. Loss Ratio Requirement Compliance Demonstration**

Exhibits F (nationwide) and G (statewide) show actual and projected experience using current best estimate assumptions. Actual experience is provided from inception through 2018 and then projected on a seriatim basis

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for 40 years using the current assumptions described above in Section 6. Included in Exhibits F and G are calendar year earned premiums, incurred claims, annual loss ratios, and cumulative loss ratios. As shown in Exhibits F and G, the anticipated lifetime loss ratios with the requested rate increase exceed the minimum loss ratio required by pre-rate stability regulation.

Exhibits I1 and I2, for BG01 and BG04 respectively, demonstrate that the requested rate increase meets the 58%/85% minimum loss ratio test under moderately adverse conditions as required by post-rate stability regulation. These exhibits show that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

- a. Accumulated value of the initial earned premium times 58%,
- b. 85% of the accumulated value of prior premium rate schedule increases,
- c. Present value of future projected initial earned premiums times 58%, and
- d. 85% of the present value of future projected premiums in excess of the projected initial earned premiums.

Present and accumulated values in the lifetime projections in Exhibits I1 and I2 are determined at the maximum valuation interest rate for contract reserves applicable to long-term care business issued in the years in which the applicable business of this filing was issued.

**12. Proposed Effective Date**

The rate increase will apply to policies on their policy anniversary date following at least a 75-day policyholder notification period after approval.

**13. Nationwide Distribution of Business as of December 31, 2018**

As of December 31, 2018, the number of policies in force that will be affected by this increase by policy form is shown in the following Exhibits:

<b>Policy Form</b>	<b>Nationwide</b>	<b>Virginia</b>
BG01	Exhibit H1	Exhibit H3
BG04	Exhibit H2	Exhibit H4

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**14. Actuarial Certification**

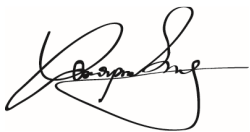
I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and am familiar with the requirements for filing long-term care insurance premium rate increases.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8 and No. 18.

The data used to develop this actuarial memorandum was provided by LifeCare Assurance Company, the administrator of the policies, and Employers Reassurance Corporation, the reinsurer of the business. I have reviewed the data for reasonableness.

To the best of my knowledge and judgement, I hereby certify that:

- this rate submission is in compliance with the applicable laws and regulations of the jurisdiction where it is filed;
- policy design, underwriting, and claims adjudication practices have been taken into consideration;
- the rates are not excessive or unfairly discriminatory, and bear reasonable relationship to the benefits based on the loss ratio standards of this jurisdiction;
- this filing will enhance premium adequacy, but may not be sufficient to prevent future rate action. 95.3% for policy form BG01 and 72.8% for policy form BG04 are needed to certify under 14VAC5-200-153 B that the rates will remain stable under moderately adverse conditions; and
- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because the company is no longer marketing new business in any states.



Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary

Date: November 10, 2020

**Berkshire Life Insurance Company of America**  
**Policy Forms: BG01P(06/04) & BG01P(01/09)**

**Exhibit A: Benefit Summary**  
(does not reflect state variations)

General Information	Care ProVider [BG01P(06/04)]	LTC Choice ProVider [BG01P(01/09)]
Tax Qualified only	Yes	Yes
Available Coverage	Facility Care Only or Comprehensive	Facility Care Only or Comprehensive
Benefit Trigger	2 of 6 ADL's or Severe Cognitive Impairment	2 of 6 ADL's or Severe Cognitive Impairment
Benefit Pool	Yes	Yes
Underwriting classes	Preferred Plus, Preferred, Standard	Preferred Plus, Preferred, Standard, Substandard 1 and 2
Employer/Association Group Discount	10% for all ages	5% for all ages
Available Issue Ages	40 – 84 (age nearest birthday)	40 – 84 (age nearest birthday) 18 – 84 (age nearest, Employer/Association Groups)
Maximum Daily Benefit Amount	\$50 to \$300 (\$10 increments). \$350 maximum in Metro New York area, Fairfield County CT, and Alaska	\$50 to \$400 (\$10 increments)
Benefit Period	3 yrs, 4 yrs, 5 yrs, Lifetime	3 yrs, 4 yrs, 5 yrs, 6 yrs, Lifetime
Payment Options	Lifetime, Paid-up at 65; 10-year pay	Lifetime, Paid-up at 65; 10-year pay, Step Rated Premium Payment (available with 5% Compound Inflation and Lifetime pay)
Elimination period	0, 30, 90, 180 days	0, 30, 90, 180 days
Emergency Response System	If benefits are being received under HCCS, will reimburse for charges incurred up to \$50 monthly. Benefits paid are deducted from the benefit amount.	If benefits are being received under HCCS, will reimburse for charges incurred up to \$50 monthly. Benefits paid are deducted from the benefit amount.
Caregiver Training	Lifetime maximum of 5 times the daily benefit. Not subject to the elimination period. Benefits paid are deducted from the benefit amount.	Lifetime maximum of 5 times the daily benefit. Not subject to the elimination period. Benefits paid are deducted from the benefit amount.
Respite Care Benefit	Maximum of 30 days per calendar year. Not subject to the elimination period. Benefits paid are deducted from the benefit amount.	Maximum of 30 days per calendar year. Not subject to the elimination period. Benefits paid are deducted from the benefit amount.
Alternative Plan of Care	Lifetime maximum of 50 times the daily benefit.	Lifetime maximum of 50 times the daily benefit.
Facility Bed Reservation Benefit	30 days per calendar year. Benefits paid are deducted from the benefit amount.	30 days per calendar year. Benefits paid are deducted from the benefit amount.
Waiver of Premium	After 90 days confinement in a Nursing Facility or Assisted Living Facility. Premiums paid during the 90-day period are considered unearned and also returned.	After 90 days confinement in a Nursing Facility or Assisted Living Facility. Premiums paid during the 90-day period are considered unearned and also returned.
Coverage Outside of U.S., Canada, and U.S. Territories	30 days per calendar year.	30 days per calendar year.
Optional Personal Care Advisor	If requested, will assist with questions such as eligibility for benefits, appropriate levels of care, availability of facilities and other care and resources. No benefits will be deducted from the Benefit Amount for their use.	If requested, will assist with questions such as eligibility for benefits, appropriate levels of care, availability of facilities and other care and resources. No benefits will be deducted from the Benefit Amount for their use.
Optional Care Coordination	If requested, will assist with assessing and coordinating appropriate care and services, providing assistance in developing a Plan of Care, and assisting with necessary Claims documentation. No benefits will be deducted from the Benefit Amount for their use.	If requested, will assist with assessing and coordinating appropriate care and services, providing assistance in developing a Plan of Care, and assisting with necessary Claims documentation. No benefits will be deducted from the Benefit Amount for their use.
Renewability	Guaranteed renewable for life	Guaranteed renewable for life

Riders/Endorsements	Description	Care ProVider (BG01(06-04))	LTC Choice ProVider (BG01(01-09))
X% Compound Inflation	Each policy anniversary, the daily benefit will increase by X% of the previous year's daily benefit amount, with a corresponding increase in the Benefit Amount.	Available at 3% and 5%	Available at 3%, 4%, 5%, and 6%
5% Step-Rated Compound Inflation	Step Rated Premium Payment Option – optional payment method available with 5% Compound Inflation only. Rider premiums increase by same amount on each policy anniversary.	Not Available	Available
Monthly Benefit Rider	Changes the HCCS benefit from a daily to a monthly benefit, which will pay up to 31 times the daily benefit, based upon actual HCCS charges.	Available	Available
Waiver of Premium Rider	Waives the premium after receiving 90 days of HCCS benefits (regardless of the number of visits per day).	Available	Available
Indemnity Benefit Rider	Upon meeting eligibility for payment of benefits, for days on which eligible care is received, benefits payable for covered services will be equal to the full daily benefit amount.	Available	Available
Paid-up Survivor Benefit Rider	The policy becomes paid up, with no further premiums due upon the end of the 10th policy year AND the date of death of either insured.	Available	Available
Personal Caregiver Rider	Benefits payable for covered services will be equal to the full daily benefit, regardless of the amount of the charges incurred. This includes payment to non-professional caregivers, including unpaid family and friends.	Available	Not available
Restoration of Benefits Rider	Benefits paid for a single claim period will not exceed benefit amount of policy. Benefits may be restored if for a period of 180 days if a) the policy remains in force, b) the insured is not eligible for benefits because they have recovered, and c) insured has not received benefits under the policy. Restoration limited to twice the benefit amount.	Available	Available
Return of Premium Rider	If the insured dies (last to die under joint coverage) while the policy is in force, the total premiums paid less the total of benefits paid, will be returned to the beneficiary.	Available	Not Available
Full Return of Premium Rider	If the insured dies (last to die under joint coverage) while the policy is in force, the total premiums paid will be returned to the beneficiary (no deduction is made for benefits paid).	Not Available	Available
Shortened Benefit Period Non-forfeiture Rider	If policy in force for 3 or more years and policy lapses for nonpayment of premium, coverage will continue at the daily benefit at time of lapse. The new benefit amount becomes equal to the greater of the total premiums paid or 30 times the daily benefit.	Available	Available
Optional Policy Surrender Rider	Upon surrender of the policy after the first 5 policy years, 80% of the premiums paid will be returned to the policyholder, subject to evidence of insurability. If sufficient evidence of insurability not provided, 80% of the premiums paid will provide a lifetime monthly income.	Not Available	Not available
First Day HCCS Rider	If otherwise satisfy the Payment of Benefits provision, we will waive any Elimination Period required for HCCS benefits. Days on which HCCS benefits are payable will count towards satisfaction of the Elimination Period for Facility Care Services.	Not Available	Available
Shared Benefit Amount Rider	Provides a third shared benefit pool, available to either or both insureds who have exhausted their own benefit pool on the base policy.	Not Available	Available
Paid Up at Age 65 Premium Payment Endorsement	Premiums are payable until age 65 (first to reach age 65 under joint coverage), after which no further premiums will be due.	Available	Available
10- Year Premium Payment Endorsement	Premiums payable over a 10 year period, after which no further premium is due.	Available	Available



**Berkshire Life Insurance Company of America**  
**Rate Increase Impact Exhibit**  
**Exhibit A1**  
**Policy Form: BG01P(06/04)**

Virginia	BG01P(06/04)-VA			
	Cost of Living Adjustment			Total
	None	Compound 5%	Compound 3%	
Number of Policies	11	73	32	116
Current Premium	\$41,258	\$398,045	\$112,942	\$552,244
Current Average Premium	\$3,751	\$5,453	\$3,529	\$4,761
New Premium	\$50,334	\$485,615	\$137,789	\$673,738
New Average Premium	\$4,576	\$6,652	\$4,306	\$5,808
Average Rate Increase	22.00%	22.00%	22.00%	22.00%

Nationwide	BG01P(06/04)			
	Cost of Living Adjustment			Total
	None	Compound 5%	Compound 3%	
Number of Policies	679	2,584	1,562	4,825
Current Premium	\$2,266,717	\$15,285,416	\$7,008,728	\$24,560,861
Current Average Premium	\$3,338	\$5,915	\$4,487	\$5,090
New Premium	\$2,765,395	\$18,648,207	\$8,550,648	\$29,964,250
New Average Premium	\$4,073	\$7,217	\$5,474	\$6,210
Average Rate Increase	22.00%	22.00%	22.00%	22.00%

Virginia	BG01P(06/04)-VA			
	Payment Period			Total
	Lifetime Pay	10 Pay	Paid up at 65	
Number of Policies	105	7	4	116
Current Premium	\$453,903	\$85,454	\$12,887	\$552,244
Current Average Premium	\$4,323	\$12,208	\$3,222	\$4,761
New Premium	\$553,762	\$104,254	\$15,722	\$673,738
New Average Premium	\$5,274	\$14,893	\$3,931	\$5,808
Average Rate Increase	22.00%	22.00%	22.00%	22.00%

Nationwide	BG01P(06/04)			
	Payment Period			Total
	Lifetime Pay	10 Pay	Paid up at 65	
Number of Policies	3,992	707	126	4,825
Current Premium	\$16,801,200	\$7,003,157	\$756,504	\$24,560,861
Current Average Premium	\$4,209	\$9,905	\$6,004	\$5,090
New Premium	\$20,497,464	\$8,543,851	\$922,935	\$29,964,250
New Average Premium	\$5,135	\$12,085	\$7,325	\$6,210
Average Rate Increase	22.00%	22.00%	22.00%	22.00%

**Berkshire Life Insurance Company of America**  
**Rate Increase Impact Exhibit**  
**Exhibit A2**  
**Policy Form: BG01P(01/09)**

Virginia	BG01P(01/09)-VA						
	Cost of Living Adjustment						Total
	None	Compound 6%	Compound 5%	Compound 4%	Compound 3%	Step Pay Compound 5%	
Number of Policies	7	3	42	2	9	1	64
Current Premium	\$29,862	\$54,245	\$239,203	\$6,257	\$48,007	\$6,224	\$383,798
Current Average Premium	\$4,266	\$18,082	\$5,695	\$3,128	\$5,334	\$6,224	\$5,997
New Premium	\$39,493	\$71,739	\$316,346	\$8,275	\$63,489	\$8,231	\$507,573
New Average Premium	\$5,642	\$23,913	\$7,532	\$4,137	\$7,054	\$8,231	\$7,931
Average Rate Increase	32.25%	32.25%	32.25%	32.25%	32.25%	32.25%	32.25%

Nationwide	BG01P(01/09)						
	Cost of Living Adjustment						Total
	None	Compound 6%	Compound 5%	Compound 4%	Compound 3%	Step Pay Compound 5%	
Number of Policies	728	37	1,506	144	452	24	2,891
Current Premium	\$3,227,430	\$271,533	\$10,653,197	\$822,357	\$2,494,247	\$114,902	\$17,583,666
Current Average Premium	\$4,433	\$7,339	\$7,074	\$5,711	\$5,518	\$4,788	\$6,082
New Premium	\$4,268,277	\$359,102	\$14,088,853	\$1,087,567	\$3,298,642	\$151,958	\$23,254,398
New Average Premium	\$5,863	\$9,705	\$9,355	\$7,553	\$7,298	\$6,332	\$8,044
Average Rate Increase	32.25%	32.25%	32.25%	32.25%	32.25%	32.25%	32.25%

Virginia	BG01P(01/09)-VA			
	Payment Period			Total
	Lifetime Pay	10 Pay	Paid up at 65	
Number of Policies	49	14	1	64
Current Premium	\$197,194	\$176,552	\$10,052	\$383,798
Current Average Premium	\$4,024	\$12,611	\$10,052	\$5,997
New Premium	\$260,789	\$233,490	\$13,293	\$507,573
New Average Premium	\$5,322	\$16,678	\$13,293	\$7,931
Average Rate Increase	32.25%	32.25%	32.25%	32.25%

Nationwide	BG01P(01/09)			
	Payment Period			Total
	Lifetime Pay	10 Pay	Paid up at 65	
Number of Policies	2,093	765	33	2,891
Current Premium	\$9,014,257	\$8,384,927	\$184,481	\$17,583,666
Current Average Premium	\$4,307	\$10,961	\$5,590	\$6,082
New Premium	\$11,921,355	\$11,089,066	\$243,977	\$23,254,398
New Average Premium	\$5,696	\$14,496	\$7,393	\$8,044
Average Rate Increase	32.25%	32.25%	32.25%	32.25%

Berkshire Life Insurance Company of America  
Policy Form: BG01P(06/04)-VA  
Exhibit B1  
Rates and Factors After Proposed Increase (22%)  
Individual / Preferred Risk / Lifetime Benefit Period / 90 Day Elimination Period

Issue Age	ANNUAL RATES PER \$10 DAILY BENEFIT		PREMIUM AND RIDER FACTORS									
	Facility Care Service	Comprehensive Care	Compound Inflation		Return Of Premium	SBP Nonforf	10-Pay	Paid Up at 65	Limited Pay CIP		HCSS Waiver	Paid Up Survivor
			5%	3%					5%	3%		
40	48.80	61.00	3.500	2.170	1.224	1.243	2.098	1.259	5.635	3.494	1.037	1.400
41	51.24	64.05	3.450	2.140	1.233	1.249	2.048	1.262	5.481	3.400	1.040	1.400
42	53.68	67.10	3.400	2.110	1.242	1.254	1.998	1.266	5.328	3.306	1.042	1.400
43	56.37	70.15	3.350	2.070	1.251	1.260	1.983	1.270	5.174	3.197	1.045	1.400
44	59.08	73.20	3.300	2.030	1.260	1.265	1.967	1.273	5.020	3.088	1.047	1.400
45	60.54	74.72	3.250	1.990	1.269	1.271	1.952	1.277	4.867	2.980	1.050	1.400
46	63.26	77.77	3.150	1.980	1.278	1.276	1.937	1.325	4.573	2.912	1.052	1.400
47	65.97	80.82	3.050	1.970	1.287	1.282	1.922	1.373	4.297	2.845	1.055	1.400
48	70.06	85.40	2.950	1.960	1.296	1.287	1.903	1.421	4.034	2.778	1.057	1.400
49	74.15	89.97	2.850	1.950	1.305	1.293	1.884	1.469	3.863	2.710	1.060	1.400
50	79.50	96.07	2.750	1.940	1.314	1.298	1.865	1.517	3.746	2.643	1.062	1.400
51	83.59	100.65	2.700	1.910	1.323	1.304	1.846	1.565	3.651	2.583	1.065	1.400
52	87.68	105.22	2.650	1.890	1.332	1.309	1.826	1.613	3.555	2.536	1.067	1.400
53	93.76	111.32	2.600	1.870	1.341	1.315	1.803	1.661	3.519	2.531	1.070	1.400
54	101.13	118.95	2.550	1.850	1.350	1.320	1.780	1.709	3.473	2.519	1.072	1.400
55	107.21	125.05	2.500	1.830	1.368	1.326	1.757	1.757	3.420	2.504	1.075	1.400
56	114.59	132.67	2.450	1.810	1.386	1.331	1.733		3.246	2.398	1.077	1.400
57	120.67	138.77	2.400	1.790	1.404	1.337	1.710		3.086	2.301	1.080	1.400
58	132.19	150.97	2.350	1.770	1.422	1.342	1.684		2.938	2.213	1.082	1.400
59	142.38	161.65	2.300	1.750	1.440	1.348	1.657		2.837	2.159	1.085	1.400
60	153.92	173.85	2.250	1.730	1.458	1.353	1.631		2.738	2.105	1.087	1.400
61	164.10	184.52	2.200	1.710	1.476	1.359	1.604		2.695	2.095	1.090	1.400
62	175.64	196.72	2.150	1.690	1.494	1.364	1.578		2.634	2.071	1.092	1.400
63	195.70	218.07	2.100	1.670	1.512	1.370	1.548		2.533	2.014	1.095	1.400
64	217.12	240.95	2.050	1.650	1.530	1.375	1.518		2.466	1.985	1.097	1.400
65	237.18	262.30	2.000	1.630	1.539	1.386	1.489		2.391	1.949	1.100	1.400
66	258.60	285.17	1.950	1.610	1.548	1.397	1.459		2.321	1.917	1.102	1.390
67	278.66	306.52	1.900	1.590	1.557	1.408	1.429		2.247	1.880	1.105	1.380
68	314.69	346.17	1.850	1.570	1.566	1.419	1.401		2.188	1.857	1.107	1.370
69	350.75	385.82	1.800	1.550	1.575	1.430	1.373		2.125	1.830	1.110	1.360
70	385.41	423.95	1.750	1.530	1.584	1.441	1.345		2.059	1.800	1.112	1.350
71	421.44	463.60	1.720	1.510	1.593	1.452	1.317		1.996	1.753	1.115	1.340
72	457.50	503.25	1.690	1.490	1.602	1.463	1.289		1.934	1.705	1.117	1.330
73	522.66	574.92	1.660	1.470	1.611	1.474	1.267		1.873	1.658	1.120	1.320
74	586.42	645.07	1.630	1.450	1.620	1.485	1.244		1.811	1.611	1.122	1.310
75	651.57	716.75	1.600	1.430	1.629	1.491	1.221		1.800	1.609	1.125	1.300
76	715.35	786.90	1.580	1.420	1.638	1.496	1.198		1.770	1.591	1.127	1.300
77	780.51	858.57	1.560	1.410	1.647	1.502	1.176		1.740	1.572	1.130	1.300
78	876.17	963.80	1.540	1.400	1.656	1.507	1.154		1.710	1.554	1.132	1.300
79	973.21	1,070.55	1.520	1.390	1.665	1.513	1.132		1.680	1.536	1.135	1.300
80	1,068.87	1,175.77	1.500	1.380	1.674	1.518	1.111		1.650	1.518	1.137	1.300
81	1,165.92	1,282.52	1.490	1.370	1.683	1.524	1.089		1.630	1.499	1.140	1.300
82	1,261.57	1,387.75	1.480	1.360	1.692	1.529	1.067		1.610	1.479	1.142	1.300
83	1,365.55	1,502.12	1.470	1.350	1.701	1.535	1.046		1.590	1.460	1.145	1.300
84	1,477.85	1,625.65	1.460	1.340	1.710	1.540	1.026		1.570	1.441	1.147	1.300

Factors:

Elim Period :	0 Day	1.30	Benefit Period:	Lifetime	1.00	Risk Classes :		Restoration of Benefits:	
	30 Day	1.15		5 Year	0.82	Preferred Plus	0.80	5 Years	1.034
	90 Day	1.00		4 Year	0.71	Preferred	1.00	4 Years	1.051
	180 Day	0.90		3 Year	0.60	Standard	1.25	3 Years	1.063

Indemnity Benefit Factor (BG01R-IND):	1.12
Personal Caregiver Rider (BG01R-PCG) :	2.00
Monthly Benefit Rider: (BG01R-MTH):	1.15

Joint Coverage - Premiums for joint rate combinations are calculated as 130% of the base policy premium of the older insured, multiplied by the following factors:

2 Preferred Plus - .800	2 Preferred - 1.000
1 Pref Plus /1 Pref - .900	1 Pref/ 1 Stand - 1.125
1 Pref Plus/ 1 Stand 1.025	2 Standard - 1.250

Modal Premium Factors: PAC/EFT - 0.088 Quarterly- 0.27 Semi-Annual - 0.52

Direct Marketing Discount: All Ages: 10%

Berkshire Life Insurance Company of America  
Policy Form: BG01P(01/09)-VA  
Exhibit B2  
Rates and Factors After Proposed Increase (2 Phases of 15% Each)  
Individual / Standard Risk / Lifetime Benefit Period / 90 Day Elimination Period

		ANNUAL RATES PER \$10 DAILY BENEFIT				COST OF LIVING RIDER FACTORS													
		Standard Rates				Limited Pay Options	Nonforfeiture Options	HCSS Waiver	Paid Up Survivor	Lifetime Step Rate 5%									
		Facility Care Services		Comprehensive Care						Lifetime Pay Level				Lifetime Pay Level					
Issue Age	After 1st Phase	After 2nd Phase	After 1st Phase	After 2nd Phase	10 yrs PU 65					ROP	SBP	1st Year	Annual Increase	6%	5%	4%	3%	6%	5%
18	37.20	42.78	46.50	53.47	5.810	1.807	1.600	1.067	1.010	1.400	1.40	0.54	14.148	9.333	8.139	6.944	18.039	10.378	8.834
19	38.00	43.70	47.51	54.63	5.625	1.807	1.610	1.072	1.011	1.400	1.40	0.51	13.486	8.896	7.758	6.619	17.221	11.360	9.907
20	38.81	44.63	48.50	55.77	5.448	1.807	1.615	1.077	1.013	1.400	1.40	0.48	12.839	8.469	7.385	6.301	16.449	10.850	9.461
21	39.62	45.56	49.54	56.97	5.277	1.808	1.620	1.082	1.015	1.400	1.40	0.46	12.257	8.085	7.050	6.016	15.736	10.380	9.051
22	40.43	46.49	50.54	58.12	5.113	1.808	1.630	1.088	1.016	1.400	1.40	0.44	11.710	7.723	6.734	5.746	15.072	9.946	8.729
23	41.17	47.34	51.45	59.16	4.955	1.808	1.640	1.098	1.018	1.400	1.40	0.42	11.191	7.381	6.436	5.491	14.434	9.520	8.301
24	41.88	48.16	52.25	60.20	4.803	1.808	1.650	1.108	1.020	1.400	1.40	0.39	10.705	7.061	6.157	5.254	13.857	9.140	7.970
25	42.60	48.99	53.26	61.24	4.657	1.808	1.660	1.114	1.022	1.400	1.40	0.38	10.254	6.763	5.897	5.032	13.312	8.780	7.656
26	43.25	49.73	54.07	62.18	4.516	1.808	1.670	1.119	1.023	1.400	1.40	0.36	9.831	6.485	5.655	4.825	12.795	8.440	7.360
27	43.88	50.46	54.85	63.07	4.381	1.808	1.680	1.129	1.025	1.400	1.40	0.34	9.444	6.229	5.452	4.634	12.311	8.120	7.081
28	44.52	51.19	55.63	63.98	4.251	1.809	1.690	1.134	1.027	1.400	1.40	0.33	9.073	5.984	5.218	4.452	11.857	7.820	6.819
29	45.05	51.80	56.33	64.77	4.125	1.809	1.695	1.139	1.029	1.400	1.40	0.31	8.714	5.749	5.014	4.278	11.429	7.540	6.576
30	45.59	52.42	57.01	65.56	4.005	1.809	1.700	1.155	1.031	1.400	1.40	0.30	8.394	5.536	4.827	4.118	11.023	7.270	6.339
31	46.06	52.96	57.58	66.21	3.888	1.809	1.710	1.160	1.033	1.400	1.40	0.28	8.084	5.333	4.651	3.968	10.656	7.030	6.131
32	46.51	53.48	58.15	66.87	3.776	1.809	1.720	1.170	1.035	1.400	1.40	0.27	7.812	5.152	4.492	3.833	10.296	6.790	5.920
33	46.88	53.91	58.60	67.39	3.668	1.809	1.730	1.181	1.036	1.400	1.40	0.26	7.537	4.971	4.335	3.698	9.977	6.538	5.695
34	47.24	54.32	59.06	67.91	3.564	1.809	1.740	1.186	1.038	1.400	1.40	0.25	7.277	4.800	4.186	3.571	9.672	6.380	5.564
35	47.61	54.75	59.51	68.43	3.464	1.809	1.750	1.191	1.040	1.400	1.40	0.24	7.054	4.651	4.055	3.460	9.373	6.189	5.457
36	47.88	55.06	59.85	68.82	3.368	1.809	1.760	1.202	1.042	1.400	1.40	0.23	6.823	4.501	3.925	3.349	9.095	6.000	5.232
37	48.07	55.28	60.07	69.08	3.274	1.809	1.770	1.212	1.044	1.400	1.40	0.22	6.615	4.363	3.805	3.246	8.839	5.830	5.084
38	48.24	55.47	60.30	69.34	3.185	1.809	1.780	1.222	1.046	1.400	1.40	0.21	6.423	4.235	3.693	3.150	8.599	5.670	4.944
39	48.33	55.57	60.42	69.48	3.098	1.809	1.790	1.233	1.048	1.400	1.40	0.20	6.240	4.117	3.590	3.064	8.382	5.520	4.822
40	48.42	55.68	60.53	69.60	3.015	1.809	1.800	1.243	1.050	1.400	1.40	0.20	6.065	4.000	3.488	2.976	8.173	5.390	4.700
41	50.61	58.20	63.26	72.74	2.936	1.809	1.810	1.249	1.052	1.400	1.40	0.19	5.910	3.900	3.401	2.903	7.925	5.230	4.561
42	52.77	60.68	65.96	75.85	2.857	1.810	1.820	1.254	1.054	1.400	1.40	0.18	5.755	3.800	3.315	2.830	7.678	5.070	4.423
43	56.08	64.49	69.79	80.25	2.760	1.768	1.830	1.260	1.056	1.400	1.40	0.18	5.636	3.700	3.222	2.743	7.677	5.040	4.389
44	59.46	68.37	73.65	84.69	2.666	1.725	1.840	1.265	1.058	1.400	1.40	0.17	5.514	3.600	3.129	2.658	7.658	5.003	4.362
45	61.59	70.82	76.00	87.40	2.578	1.686	1.850	1.271	1.060	1.400	1.40	0.16	5.395	3.500	3.036	2.572	7.630	4.950	4.294
46	64.98	74.72	79.90	91.88	2.494	1.706	1.870	1.276	1.062	1.400	1.40	0.16	5.062	3.400	2.982	2.564	7.072	4.750	4.166
47	68.42	78.68	83.80	96.37	2.414	1.724	1.890	1.282	1.064	1.400	1.40	0.15	4.738	3.300	2.929	2.557	6.533	4.550	4.038
48	72.07	82.88	87.83	101.00	2.332	1.741	1.910	1.287	1.066	1.400	1.40	0.14	4.421	3.200	2.876	2.545	6.024	4.360	3.979
49	75.57	86.90	91.68	105.43	2.254	1.758	1.930	1.293	1.068	1.400	1.40	0.14	4.114	3.100	2.823	2.539	5.653	4.230	3.851
50	80.17	92.19	96.87	111.40	2.180	1.773	1.950	1.298	1.070	1.400	1.40	0.13	3.817	3.000	2.770	2.539	5.357	4.210	3.877
51	82.55	94.93	99.39	114.29	2.108	1.787	1.970	1.304	1.072	1.400	1.40	0.13	3.699	2.920	2.700	2.479	5.295	4.180	3.865
52	86.28	99.22	103.53	119.05	2.039	1.801	1.990	1.309	1.074	1.400	1.40	0.12	3.556	2.840	2.636	2.431	5.184	4.140	3.843
53	91.60	105.34	108.76	125.07	2.003	1.845	2.010	1.315	1.076	1.400	1.40	0.12	3.417	2.760	2.571	2.382	5.076	4.100	3.819
54	98.10	112.81	115.36	132.66	1.968	1.889	2.030	1.320	1.078	1.400	1.40	0.11	3.278	2.680	2.506	2.333	4.954	4.050	3.787
55	103.23	118.71	120.40	138.46	1.933	1.933	2.050	1.326	1.080	1.400	1.40	0.10	3.140	2.600	2.442	2.284	4.819	3.993	3.755
56	109.53	125.95	126.81	145.83	1.897	2.000	2.070	1.331	1.082	1.400	1.40	0.10	3.039	2.550	2.405	2.261	4.517	3.790	3.574
57	115.35	132.65	132.64	152.53	1.858	0.000	2.090	1.337	1.084	1.400	1.40	0.10	2.939	2.500	2.369	2.238	4.244	3.610	3.421
58	126.36	145.31	144.32	165.96	1.816	0.000	2.110	1.342	1.086	1.400	1.40	0.09	2.858	2.450	2.328	2.205	4.025	3.450	3.278
59	156.51	154.52	177.69	177.8	1.778	0.000	2.130	1.348	1.088	1.400	1.40	0.09	2.800	2.400	2.280	2.160	3.897	3.340	3.173
60	146.40	168.56	165.33	190.12	1.742	0.000	2.150	1.353	1.090	1.400	1.40	0.08	2.742	2.350	2.233	2.115	3.769	3.270	2.997
61	156.04	179.44	175.47	201.79	1.705	0.000	2.170	1.359	1.092	1.400	1.40	0.08	2.660	2.280	2.166	2.052	3.722	3.190	3.031
62	168.64	193.93	188.88	217.21	1.661	0.000	2.190	1.364	1.094	1.400	1.40	0.08	2.578	2.210	2.100	1.989	3.663	3.140	2.984
63	189.69	218.14	211.38	243.08	1.614	0.000	2.210	1.370	1.096	1.400	1.40	0.08	2.497	2.140	2.033	1.926	3.547	3.040	2.888
64	212.46	244.32	235.77	271.13	1.568	0.000	2.230	1.375	1.098	1.400	1.40	0.07	2.415	2.070	1.967	1.863	3.477	2.980	2.832
65	234.25	269.38	259.07	297.93	1.585	0.000	2.250	1.386	1.100	1.400	1.40	0.07	2.333	2.000	1.900	1.800	3.390	2.910	2.765
66	257.80	296.47	284.28	326.92	1.545	0.000	2.280	1.397	1.102	1.390	1.40	0.07	2.263	1.940	1.843	1.746	3.325	2.853	2.708
67	282.91	325.34	311.20	357.88	1.293	0.000	2.310	1.408	1.104	1.380	1.40	0.06	2.193	1.880	1.786	1.692	3.266	2.800	2.660
68	325.27	374.06	357.81	411.48	1.245	0.000	2.340	1.419	1.106	1.370	1.40	0.06	2.123	1.820	1.729	1.638	3.231	2.770	2.632
69	368.98	424.32	405.89	466.77	1.199	0.000	2.370	1.430	1.108	1.360	1.40	0.06	2.053	1.760	1.672	1.584	3.184	2.730	2.594
70	412.52	474.39	453.79	521.85	1.155	0.000	2.400	1.441	1.110	1.350	1.40	0.06	1.983	1.700	1.615	1.530	3.138	2.690	2.556
71	458.85	527.67	504.74	580.45	1.145	0.000	2.430	1.452	1.112	1.340	1.40	0.06	1.937	1.660	1.577	1.494	2.990	2.640	2.504
72	519.12	596.98	571.04	656.69	1.136	0.000	2.460	1.463	1.114	1.330	1.40	0.05	1.890						

**Berkshire Life Insurance Company of America**  
**Combined Reinsurer Experience**  
**Exhibit C**  
**Lapse Rates**

Duration*	Exposure**	Lapses	Actual Lapse Rates	Best Estimate Lapse Rates	A/E
1	214,411	9,191	4.29%	3.75%	1.14
2	202,322	6,730	3.33%	2.75%	1.21
3	192,833	4,679	2.43%	2.00%	1.21
4	184,639	3,325	1.80%	1.50%	1.20
5	177,875	2,505	1.41%	1.00%	1.41
6	170,975	1,874	1.10%	0.75%	1.46
7	162,427	1,652	1.02%	0.75%	1.36
8	152,089	1,258	0.83%	0.65%	1.27
9	144,033	1,103	0.77%	0.65%	1.18
10	136,780	848	0.62%	0.65%	0.95
11	129,466	811	0.63%	0.65%	0.96
12	121,523	789	0.65%	0.65%	1.00
13	113,350	671	0.59%	0.65%	0.91
14	99,928	519	0.52%	0.65%	0.80
15	83,755	417	0.50%	0.65%	0.77
16	66,401	306	0.46%	0.65%	0.71
17	49,386	211	0.43%	0.65%	0.66
18	37,998	191	0.50%	0.65%	0.77
19	30,053	150	0.50%	0.65%	0.77
20	20,928	101	0.48%	0.65%	0.74
21	13,462	70	0.52%	0.65%	0.80
22	7,919	31	0.39%	0.65%	0.60
23	4,097	23	0.56%	0.65%	0.86
24	1,872	14	0.75%	0.65%	1.15
25	750	2	0.27%	0.65%	0.41
26	378	1	0.26%	0.65%	0.41
27	143	0	0.00%	0.65%	0.00
28	36	0	0.00%	0.65%	0.00
Average	1,214,345	7,516	0.62%	0.65%	0.95

\* All BG01P(06/04) policies are duration 10+ & all BG01P(01/09) policies are duration 8+.

\*\* Lifetime pay policies only

**Berkshire Life Insurance Company of America**  
**Policy Forms: BG01P(06/04) & BG01P(01/09)**  
**Exhibit D1**  
**Mortality Selection Factors**

Policy Duration	Selection Factors	
	Single	Joint
1	0.200	0.200
2	0.380	0.320
3	0.480	0.390
4	0.500	0.410
5	0.550	0.440
6	0.570	0.470
7	0.600	0.500
8	0.620	0.520
9	0.700	0.540
10	0.770	0.570
11	0.800	0.600
12	0.830	0.640
13	0.870	0.670
14	0.930	0.720
15	0.980	0.740
16	1.000	0.760
17	1.000	0.790
18	1.000	0.820
19	1.000	0.920
20	1.000	0.970
21	1.000	1.000
22	1.000	1.000
23	1.000	1.000
24	1.000	1.000
25	1.000	1.000

**Berkshire Life Insurance Company of America**  
**Combined Reinsurer Experience**  
**Exhibit D2**  
**Mortality A to E Analysis**

Attained Age	Single Lives Death Counts			Joint Lives Death Counts**			Total Death Counts		
	Actual	Expected*	A/E	Actual	Expected*	A/E	Actual	Expected*	A/E
<40	1	1	78%	1	3	39%	2	4	52%
40-44	1	3	30%	14	10	144%	15	13	115%
45-49	25	13	190%	46	37	124%	71	50	141%
50-54	58	53	109%	136	143	95%	194	196	99%
55-59	151	165	91%	399	423	94%	550	589	93%
60-64	362	422	86%	852	969	88%	1,214	1,391	87%
65-69	613	726	84%	1,193	1,421	84%	1,806	2,147	84%
70-74	833	886	94%	1,434	1,394	103%	2,267	2,280	99%
75-79	952	892	107%	1,138	1,016	112%	2,090	1,908	110%
80-84	905	787	115%	662	521	127%	1,567	1,309	120%
85-89	628	568	111%	240	186	129%	868	753	115%
90+	332	275	121%	54	33	163%	386	308	125%
Total	4,861	4,793	101%	6,169	6,155	100%	11,030	10,948	101%

\* Expected - 100% of 2012 IAR mortality table with the mortality selection factors shown in Exhibit D2

\*\* Joint lives - joint policy at issue

**Berkshire Life Insurance Company of America**  
**Policy Forms: BG01P(06/04) & BG01P(01/09)**  
**Exhibit E1**  
**Incidence Rates Per 100**

<b>Best Estimate</b>						
Attained Age	Nursing Facility Care Incidence Rates				Incidence Rate Factors	
	Single Male	Single Female	Married Male	Married Female	Home and Community Based Care and Assisted Living Facility	Assisted Living Facility
40	0.0022	0.0024	0.0005	0.0005	1.550	0.300
41	0.0025	0.0028	0.0006	0.0006	1.550	0.300
42	0.0030	0.0033	0.0007	0.0007	1.550	0.300
43	0.0034	0.0039	0.0009	0.0008	1.550	0.300
44	0.0040	0.0045	0.0011	0.0010	1.550	0.300
45	0.0047	0.0053	0.0013	0.0012	1.550	0.300
46	0.0054	0.0061	0.0015	0.0014	1.550	0.300
47	0.0063	0.0072	0.0018	0.0017	1.550	0.300
48	0.0073	0.0083	0.0022	0.0021	1.550	0.300
49	0.0085	0.0097	0.0026	0.0025	1.550	0.300
50	0.0099	0.0113	0.0031	0.0030	1.550	0.300
51	0.0115	0.0132	0.0037	0.0036	1.550	0.300
52	0.0134	0.0154	0.0045	0.0044	1.550	0.300
53	0.0155	0.0180	0.0054	0.0053	1.550	0.300
54	0.0181	0.0210	0.0064	0.0064	1.550	0.300
55	0.0210	0.0244	0.0077	0.0077	1.550	0.300
56	0.0244	0.0285	0.0093	0.0093	1.550	0.300
57	0.0284	0.0332	0.0111	0.0112	1.550	0.300
58	0.0346	0.0405	0.0139	0.0141	1.436	0.290
59	0.0424	0.0498	0.0176	0.0179	1.311	0.290
60	0.0516	0.0609	0.0221	0.0226	1.206	0.280
61	0.0627	0.0742	0.0277	0.0284	1.111	0.270
62	0.0752	0.0892	0.0343	0.0354	1.045	0.270
63	0.0908	0.1081	0.0427	0.0443	0.969	0.260
64	0.1111	0.1325	0.0538	0.0561	0.872	0.260
65	0.1347	0.1611	0.0673	0.0705	0.795	0.250
66	0.1627	0.1952	0.0838	0.0883	0.728	0.240
67	0.1956	0.2353	0.1038	0.1100	0.671	0.240
68	0.2355	0.2842	0.1290	0.1373	0.613	0.230
69	0.2841	0.3437	0.1604	0.1717	0.555	0.230
70	0.3408	0.4135	0.1984	0.2135	0.507	0.220
71	0.4062	0.4942	0.2438	0.2637	0.470	0.220
72	0.4781	0.5834	0.2958	0.3217	0.452	0.210
73	0.5663	0.6931	0.3614	0.3951	0.425	0.210
74	0.6716	0.8242	0.4419	0.4857	0.397	0.200
75	0.7968	0.9806	0.5405	0.5972	0.369	0.200
76	0.9457	1.1672	0.6615	0.7348	0.341	0.190
77	1.1145	1.3794	0.8038	0.8975	0.323	0.190
78	1.3136	1.6304	0.9768	1.0965	0.305	0.190
79	1.5366	1.9126	1.1782	1.3295	0.297	0.180
80	1.8116	2.2613	1.4322	1.6248	0.279	0.180
81	2.1363	2.6741	1.7414	1.9859	0.261	0.170
82	2.4995	3.1377	2.1009	2.4085	0.253	0.170
83	2.9483	3.7116	2.5551	2.9448	0.235	0.170
84	3.4501	4.3556	3.0830	3.5719	0.227	0.160
85	4.0375	5.1115	3.7200	4.3328	0.219	0.160
86	4.2907	5.3811	3.9663	4.5915	0.212	0.150
87	4.5637	5.6698	4.2325	4.8699	0.204	0.150
88	4.8544	5.9742	4.5168	5.1655	0.196	0.150
89	5.1637	6.2953	4.8205	5.4792	0.188	0.140
90	5.4931	6.6339	5.1447	5.8122	0.180	0.140
91	5.7942	6.9319	5.4446	6.1136	0.182	0.140
92	6.1640	7.3050	5.8111	6.4854	0.174	0.130
93	6.5577	7.6985	6.2025	6.8801	0.166	0.130
94	6.9111	8.0373	6.5583	7.2305	0.169	0.130
95	7.2899	8.3982	6.9404	7.6053	0.171	0.130
96	7.7557	8.8509	7.4080	8.0684	0.163	0.120
97	8.1737	9.2403	7.8329	8.4793	0.166	0.120
98	8.6216	9.6552	8.2893	8.9188	0.168	0.120
99	9.0864	10.0801	8.7648	9.3730	0.171	0.110
100	9.5763	10.5238	9.2677	9.8505	0.174	0.110
101	10.1013	10.9965	9.8078	10.3612	0.176	0.110
102	10.6460	11.4807	10.3706	10.8892	0.179	0.110
103	11.2297	11.9964	10.9751	11.4538	0.181	0.100
104	11.8354	12.5247	11.6050	12.0376	0.184	0.100
105	12.4738	13.0764	12.2712	12.6512	0.187	0.100
106	13.1579	13.6639	12.9866	13.3073	0.189	0.100
107	13.8678	14.2659	13.7322	13.9858	0.192	0.100
108	14.6161	14.8946	14.5207	14.6989	0.195	0.100
109	15.4178	15.5640	15.3674	15.4614	0.197	0.100
110	16.2500	16.2500	16.2500	16.2500	0.200	0.100



Berkshire Life Insurance Company of America  
Policy Forms: BG01P(06/04) & BG01P(01/09)  
Exhibit E2  
Length of Stay Per \$1 of Daily Benefit

Best Estimate Length of Stay*				
Attained Age	Male		Female	
	No COLA	5% Compound COLA	No COLA	5% Compound COLA
40	<b>660.68</b>	<b>918.89</b>	<b>672.79</b>	<b>864.12</b>
41	660.68	918.89	672.79	864.12
42	660.68	918.89	672.79	864.12
43	660.68	918.89	672.79	864.12
44	660.68	918.89	672.79	864.12
45	660.68	918.89	672.79	864.12
46	660.68	918.89	672.79	864.12
47	660.68	918.89	672.79	864.12
48	660.68	918.89	672.79	864.12
49	660.68	918.89	672.79	864.12
50	<b>660.68</b>	<b>918.89</b>	<b>672.79</b>	<b>864.12</b>
51	660.68	918.89	672.79	864.12
52	660.68	918.89	672.79	864.12
53	652.45	901.80	646.26	818.52
54	644.60	885.58	625.79	786.96
55	637.12	870.17	606.84	758.18
56	629.98	855.53	589.19	731.77
57	623.16	841.62	572.67	707.40
58	616.64	828.40	557.15	684.80
59	610.42	815.83	542.52	663.74
60	<b>604.47</b>	<b>803.88</b>	<b>528.66</b>	<b>644.04</b>
61	598.78	792.51	515.51	625.54
62	593.34	781.69	502.99	608.12
63	599.07	781.05	532.93	644.09
64	606.22	782.35	564.99	682.79
65	614.79	785.58	599.45	724.71
66	624.78	790.71	636.74	770.66
67	636.20	797.71	679.89	827.38
68	616.78	756.45	702.96	850.15
69	601.66	724.44	728.02	876.03
70	<b>589.86</b>	<b>699.47</b>	<b>754.78</b>	<b>904.24</b>
71	580.64	679.89	783.17	934.59
72	573.44	664.46	813.18	966.96
73	568.79	648.24	819.34	970.51
74	569.40	645.56	826.10	975.02
75	570.85	644.35	833.42	980.39
76	572.98	644.25	841.27	986.57
77	575.67	645.03	850.40	995.51
78	575.42	642.62	853.34	995.75
79	575.91	641.55	856.73	996.61
80	<b>576.69</b>	<b>640.89</b>	<b>860.53</b>	<b>998.05</b>
81	577.77	640.63	864.75	1,000.07
82	579.11	640.73	869.37	1,002.62
83	566.01	622.80	851.93	972.76
84	555.19	608.58	840.51	955.02
85	545.46	595.94	830.70	939.86
86	536.61	584.54	822.08	926.52
87	528.48	574.16	814.42	914.60
88	510.70	552.26	778.08	868.67
89	495.46	533.96	745.27	827.68
90	<b>481.56</b>	<b>517.38</b>	<b>715.44</b>	<b>790.78</b>
91	468.81	502.26	688.16	757.35
92	457.04	488.39	663.10	726.89
93	457.04	488.39	663.10	726.89
94	457.04	488.39	663.10	726.89
95	457.04	488.39	663.10	726.89
96	457.04	488.39	663.10	726.89
97	457.04	488.39	663.10	726.89
98	457.04	488.39	663.10	726.89
99	457.04	488.39	663.10	726.89
100	<b>457.04</b>	<b>488.39</b>	<b>663.10</b>	<b>726.89</b>
101	457.04	488.39	663.10	726.89
102	457.04	488.39	663.10	726.89
103	457.04	488.39	663.10	726.89
104	457.04	488.39	663.10	726.89
105	457.04	488.39	663.10	726.89
106	457.04	488.39	663.10	726.89
107	457.04	488.39	663.10	726.89
108	457.04	488.39	663.10	726.89
109	457.04	488.39	663.10	726.89
110	457.04	488.39	663.10	726.89

\* Based on SOA LTC Intercompany 2000-2011 Study (released in 2015) and reinsurer's experiences, 4.5% interest, Lifetime Benefits, 90 Day Elimination Period

**Berkshire Life Insurance Company of America**  
**Combined Reinsurer Experience**  
**Exhibit E3**  
**Incidence A to E Analysis**

Attained Age	Single Male				Single Female			
	Exposure	Claim Count	Expected Claim Count	A/E	Exposure	Claim Count	Expected Claim Count	A/E
40-44	1,179	0	0	0%	1,462	0	0	0%
45-49	3,700	5	1	608%	5,699	7	1	479%
50-54	8,678	6	4	147%	16,582	24	9	264%
55-59	18,253	33	18	183%	39,710	62	46	134%
60-64	29,977	65	62	105%	71,865	194	177	110%
65-69	37,945	162	164	99%	96,385	507	501	101%
70-74	35,298	310	316	98%	92,470	1,013	1,015	100%
75-79	23,976	457	450	102%	67,201	1,571	1,569	100%
80-84	12,732	515	497	104%	38,817	1,937	1,919	101%
85-89	4,959	400	346	116%	17,502	1,746	1,525	114%
90+	696	92	67	137%	3,003	497	343	145%
Total	177,394	2,045	1,925	106%	450,696	7,558	7,106	106%

Attained Age	Married Male				Married Female			
	Exposure	Claim Count	Expected Claim Count	A/E	Exposure	Claim Count	Expected Claim Count	A/E
40-44	3,861	0	0	0%	7,045	6	0	3406%
45-49	13,391	5	1	569%	21,267	15	1	1128%
50-54	35,278	21	6	368%	51,914	44	8	537%
55-59	83,318	79	33	240%	109,609	115	43	265%
60-64	151,245	216	145	149%	176,000	263	173	152%
65-69	196,472	459	454	101%	197,117	488	479	102%
70-74	172,459	918	957	96%	151,788	877	911	96%
75-79	105,083	1,463	1,412	104%	86,111	1,314	1,287	102%
80-84	45,535	1,486	1,470	101%	35,777	1,348	1,321	102%
85-89	12,731	953	812	117%	9,978	806	735	110%
90+	977	158	87	181%	911	133	91	146%
Total	820,349	5,758	5,376	107%	847,518	5,409	5,049	107%

**Berkshire Life Insurance Company of America**  
**Combined Reinsurer Experience**  
**Exhibit E4**  
**Claim Termination A to E Analysis**

Duration	Claim Exposure	Actual	Expected	A/E
1st quarter	1,643	477	496	96%
2nd quarter	3,883	651	496	131%
3rd quarter	3,250	289	280	103%
4th quarter	2,876	224	208	108%
2	9,957	2,246	2,264	99%
3	6,738	1,547	1,654	94%
4	4,548	1,406	1,282	110%
5	2,701	676	739	92%
6	1,757	405	457	89%
7	1,167	258	313	82%
8	776	162	198	82%
9	515	107	130	82%
10	343	72	100	72%
11	223	54	57	95%
12	137	35	44	79%
13	84	13	31	42%
14	56	22	17	128%
15	35	14	12	118%
16	20	8	3	288%
17	15	6	3	174%
18	9	4	7	55%
19	3	1	2	41%
20	2	1	2	58%
21	1	1	1	100%
Average	40,740	8,679	8,795	99%

**Berkshire Life Insurance Company of America**  
**Nationwide Experience Projection**  
**Policy Form: BG01P(06/04)**  
**Exhibit F1**

	Calendar Year	Before Proposed Rate Increase			With Proposed Rate Increase*			at: 4.50%	
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Year End 2018	Disc/Accum Factor
Historical Experience	2004	163,433	0	0.0%	163,433	0	0.0%	14.5	1.8932
	2005	3,332,517	0	0.0%	3,332,517	0	0.0%	13.5	1.8116
	2006	9,299,375	0	0.0%	9,299,375	0	0.0%	12.5	1.7336
	2007	18,505,477	338,475	1.8%	18,505,477	338,475	1.8%	11.5	1.6590
	2008	27,747,900	88,682	0.3%	27,747,900	88,682	0.3%	10.5	1.5875
	2009	36,847,300	211,859	0.6%	36,847,300	211,859	0.6%	9.5	1.5192
	2010	43,801,244	2,748,251	6.3%	43,801,244	2,748,251	6.3%	8.5	1.4537
	2011	47,332,109	817,116	1.7%	47,332,109	817,116	1.7%	7.5	1.3911
	2012	47,452,966	2,606,467	5.5%	47,452,966	2,606,467	5.5%	6.5	1.3312
	2013	46,636,000	1,304,739	2.8%	46,636,000	1,304,739	2.8%	5.5	1.2739
	2014	46,211,931	2,685,039	5.8%	46,211,931	2,685,039	5.8%	4.5	1.2191
	2015	46,554,487	2,359,526	5.1%	46,554,487	2,359,526	5.1%	3.5	1.1666
	2016	43,194,170	3,204,230	7.4%	43,194,170	3,204,230	7.4%	2.5	1.1163
Projected Future Experience	2017	38,276,849	7,387,171	19.3%	38,276,849	7,387,171	19.3%	1.5	1.0683
	2018	32,696,564	6,071,253	18.6%	32,696,564	6,071,253	18.6%	0.5	1.0223
	2019	23,759,846	6,164,582	25.9%	23,759,846	6,164,582	25.9%	-0.5	0.9782
	2020	19,453,238	7,384,648	38.0%	21,153,271	7,306,574	34.5%	-1.5	0.9361
	2021	17,301,455	8,826,054	51.0%	20,068,407	8,559,279	42.7%	-2.5	0.8958
	2022	16,751,536	10,516,227	62.8%	19,430,542	10,198,366	52.5%	-3.5	0.8572
	2023	16,223,880	12,488,939	77.0%	18,818,500	12,111,451	64.4%	-4.5	0.8203
	2024	15,694,495	14,779,180	94.2%	18,204,453	14,332,467	78.7%	-5.5	0.7850
	2025	15,162,788	17,403,135	114.8%	17,587,712	16,877,111	96.0%	-6.5	0.7512
	2026	14,603,377	20,382,688	139.6%	16,938,837	19,766,605	116.7%	-7.5	0.7188
	2027	14,021,253	23,723,770	169.2%	16,263,615	23,006,700	141.5%	-8.5	0.6879
	2028	13,436,228	27,433,784	204.2%	15,585,030	26,604,576	170.7%	-9.5	0.6583
	2029	12,820,571	31,498,939	245.7%	14,870,913	30,546,858	205.4%	-10.5	0.6299
	2030	12,193,884	35,872,549	294.2%	14,144,003	34,788,273	246.0%	-11.5	0.6028
	2031	11,568,399	40,530,262	350.4%	13,418,486	39,305,203	292.9%	-12.5	0.5768
	2032	10,928,978	45,392,658	415.3%	12,676,806	44,020,628	347.3%	-13.5	0.5520
	2033	10,277,861	50,267,736	489.1%	11,921,558	48,748,353	408.9%	-14.5	0.5282
	2034	9,610,961	55,085,601	573.2%	11,148,003	53,420,595	479.2%	-15.5	0.5055
	2035	8,950,915	59,702,774	667.0%	10,382,400	57,898,210	557.7%	-16.5	0.4837
	2036	8,292,100	64,059,964	772.5%	9,618,223	62,123,700	645.9%	-17.5	0.4629
	2037	7,652,816	68,099,903	889.9%	8,876,701	66,041,528	744.0%	-18.5	0.4429
	2038	7,026,520	71,712,033	1020.6%	8,150,244	69,544,479	853.3%	-19.5	0.4239
	2039	6,417,733	74,879,466	1166.8%	7,444,095	72,616,174	975.5%	-20.5	0.4056
	2040	5,830,112	77,567,940	1330.5%	6,762,498	75,223,386	1112.4%	-21.5	0.3882
	2041	5,267,110	79,618,648	1511.6%	6,109,458	77,212,110	1263.8%	-22.5	0.3714
	2042	4,731,858	80,992,822	1711.6%	5,488,605	78,544,749	1431.1%	-23.5	0.3554
	2043	4,226,899	81,617,538	1930.9%	4,902,890	79,150,582	1614.4%	-24.5	0.3401
	2044	3,754,397	81,421,027	2168.7%	4,354,822	78,960,011	1813.2%	-25.5	0.3255
	2045	3,315,733	80,474,335	2427.0%	3,846,005	78,041,933	2029.2%	-26.5	0.3115
	2046	2,911,732	78,857,472	2708.3%	3,377,394	76,473,942	2264.3%	-27.5	0.2981
	2047	2,542,412	76,597,335	3012.8%	2,949,010	74,282,119	2518.9%	-28.5	0.2852
	2048	2,207,290	73,888,277	3347.5%	2,560,294	71,654,944	2798.7%	-29.5	0.2729
	2049	1,905,479	70,748,537	3712.9%	2,210,215	68,610,106	3104.2%	-30.5	0.2612
	2050	1,635,601	67,240,835	4111.1%	1,897,176	65,208,426	3437.1%	-31.5	0.2499
	2051	1,396,128	63,476,358	4546.6%	1,619,405	61,557,734	3801.3%	-32.5	0.2392
	2052	1,185,110	59,530,366	5023.2%	1,374,640	57,731,013	4199.7%	-33.5	0.2289
	2053	1,000,501	55,516,318	5548.8%	1,160,508	53,838,293	4639.2%	-34.5	0.2190
	2054	840,002	51,440,683	6123.9%	974,340	49,885,847	5120.0%	-35.5	0.2096
	2055	701,427	47,421,630	6760.7%	813,604	45,988,273	5652.4%	-36.5	0.2006
	2056	582,671	43,443,068	7455.9%	675,855	42,129,967	6233.6%	-37.5	0.1919
	2057	481,598	39,541,231	8210.4%	558,619	38,346,066	6864.4%	-38.5	0.1837
	2058	396,266	35,785,443	9030.7%	459,640	34,703,799	7550.2%	-39.5	0.1758
Interest	Past	488,052,322	29,822,807	6.1%	488,052,322	29,822,807	6.1%		
	Future	317,061,160	1,991,384,755	628.1%	362,556,621	1,931,525,014	532.8%		
	Lifetime	805,113,482	2,021,207,562	251.0%	850,608,943	1,961,347,822	230.6%		
Interest	4.50%								
	Past w/ int	638,474,673	34,988,516	5.5%	638,474,673	34,988,516	5.5%		
	Future w/ int	206,981,090	759,323,036	366.9%	235,044,755	736,690,022	313.4%		
	Lifetime w/ int	845,455,763	794,311,552	94.0%	873,519,429	771,678,537	88.3%		

\* Proposed rate increase: 22.0%; projection includes 3% shock lapse rate, 11% benefit reduction, and 2% adverse selection

**Berkshire Life Insurance Company of America**  
**Nationwide Experience Projection**  
**Policy Form: BG01P(01/09)**  
**Exhibit F2**

		Before Proposed Rate Increase			With Proposed Rate Increase*			at: 4.00%	
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Year End 2018	Disc/Accum Factor
	2009	397,107	0	0.0%	397,107	0	0.0%	9.5	1.4515
	2010	4,040,940	0	0.0%	4,040,940	0	0.0%	8.5	1.3957
	2011	11,135,937	0	0.0%	11,135,937	0	0.0%	7.5	1.3420
	2012	20,433,906	108,448	0.5%	20,433,906	108,448	0.5%	6.5	1.2904
	2013	19,821,060	220,797	1.1%	19,821,060	220,797	1.1%	5.5	1.2407
	2014	19,478,201	732,048	3.8%	19,478,201	732,048	3.8%	4.5	1.1930
	2015	19,095,247	655,197	3.4%	19,095,247	655,197	3.4%	3.5	1.1471
	2016	18,726,148	842,406	4.5%	18,726,148	842,406	4.5%	2.5	1.1030
	2017	18,602,887	884,718	4.8%	18,602,887	884,718	4.8%	1.5	1.0606
2018	18,491,472	1,176,276	6.4%	18,491,472	1,176,276	6.4%	0.5	1.0198	
Projected Future Experience	2019	17,766,002	1,376,662	7.7%	17,766,002	1,376,662	7.7%	-0.5	0.9806
	2020	16,007,906	1,664,104	10.4%	17,003,728	1,660,745	9.8%	-1.5	0.9429
	2021	11,989,790	2,006,764	16.7%	14,357,556	1,973,729	13.7%	-2.5	0.9066
	2022	9,034,022	2,414,908	26.7%	11,278,202	2,325,219	20.6%	-3.5	0.8717
	2023	8,826,672	2,901,914	32.9%	11,019,343	2,794,138	25.4%	-4.5	0.8382
	2024	8,634,508	3,474,955	40.2%	10,779,443	3,345,896	31.0%	-5.5	0.8060
	2025	8,447,731	4,149,776	49.1%	10,546,267	3,995,654	37.9%	-6.5	0.7750
	2026	8,248,332	4,937,077	59.9%	10,297,335	4,753,714	46.2%	-7.5	0.7452
	2027	8,023,490	5,845,759	72.9%	10,016,639	5,628,649	56.2%	-8.5	0.7165
	2028	7,794,478	6,889,904	88.4%	9,730,738	6,634,014	68.2%	-9.5	0.6889
	2029	7,550,470	8,073,851	106.9%	9,426,115	7,773,990	82.5%	-10.5	0.6624
	2030	7,281,050	9,383,905	128.9%	9,089,767	9,035,388	99.4%	-11.5	0.6370
	2031	6,980,774	10,830,336	155.1%	8,714,898	10,428,098	119.7%	-12.5	0.6125
	2032	6,687,672	12,396,844	185.4%	8,348,985	11,936,427	143.0%	-13.5	0.5889
	2033	6,389,710	14,044,191	219.8%	7,977,005	13,522,591	169.5%	-14.5	0.5663
	2034	6,075,166	15,747,714	259.2%	7,584,324	15,162,846	199.9%	-15.5	0.5445
	2035	5,756,876	17,480,590	303.6%	7,186,967	16,831,364	234.2%	-16.5	0.5235
	2036	5,419,828	19,216,339	354.6%	6,766,191	18,502,647	273.5%	-17.5	0.5034
	2037	5,080,397	20,882,872	411.0%	6,342,440	20,107,286	317.0%	-18.5	0.4840
	2038	4,741,997	22,450,502	473.4%	5,919,977	21,616,694	365.1%	-19.5	0.4654
	2039	4,407,232	23,890,225	542.1%	5,502,051	23,002,945	418.1%	-20.5	0.4475
	2040	4,077,885	25,159,637	617.0%	5,090,890	24,225,211	475.9%	-21.5	0.4303
	2041	3,754,242	26,204,198	698.0%	4,686,850	25,230,977	538.3%	-22.5	0.4138
	2042	3,434,220	26,996,027	786.1%	4,287,330	25,993,398	606.3%	-23.5	0.3978
	2043	3,127,325	27,499,834	879.3%	3,904,197	26,478,494	678.2%	-24.5	0.3825
	2044	2,831,894	27,712,392	978.6%	3,535,377	26,683,158	754.7%	-25.5	0.3678
	2045	2,549,647	27,664,707	1085.0%	3,183,016	26,637,243	836.9%	-26.5	0.3537
	2046	2,282,251	27,330,472	1197.5%	2,849,195	26,315,422	923.6%	-27.5	0.3401
	2047	2,031,083	26,733,685	1316.2%	2,535,633	25,740,800	1015.2%	-28.5	0.3270
	2048	1,797,113	25,916,168	1442.1%	2,243,542	24,953,645	1112.2%	-29.5	0.3144
	2049	1,580,919	24,896,676	1574.8%	1,973,642	23,972,016	1214.6%	-30.5	0.3023
	2050	1,382,582	23,730,920	1716.4%	1,726,035	22,849,557	1323.8%	-31.5	0.2907
2051	1,202,044	22,449,801	1867.6%	1,500,649	21,616,019	1440.4%	-32.5	0.2795	
2052	1,038,900	21,098,120	2030.8%	1,296,978	20,314,539	1566.3%	-33.5	0.2688	
2053	892,509	19,720,161	2209.5%	1,114,220	18,987,757	1704.1%	-34.5	0.2584	
2054	762,177	18,297,245	2400.7%	951,513	17,617,688	1851.5%	-35.5	0.2485	
2055	647,072	16,870,704	2607.2%	807,814	16,244,128	2010.9%	-36.5	0.2389	
2056	546,167	15,464,548	2831.5%	681,843	14,890,197	2183.8%	-37.5	0.2297	
2057	458,411	14,065,723	3068.4%	572,287	13,543,324	2366.5%	-38.5	0.2209	
2058	382,636	12,687,068	3315.7%	477,688	12,215,872	2557.3%	-39.5	0.2124	
	Past	150,222,905	4,619,888	3.1%	150,222,905	4,619,888	3.1%		
	Future	205,923,183	640,557,279	311.1%	249,072,669	616,918,142	247.7%		
	Lifetime	356,146,087	645,177,167	181.2%	399,295,574	621,538,030	155.7%		
Interest	4.00%								
	Past w/ int	176,507,025	5,105,936	2.9%	176,507,025	5,105,936	2.9%		
	Future w/ int	138,786,796	258,260,384	186.1%	165,571,689	248,811,493	150.3%		
	Lifetime w/ int	315,293,820	263,366,320	83.5%	342,078,714	253,917,428	74.2%		

\* Proposed rate increase: 2 Phases of 15.0% each; projection includes 3% shock lapse rate, 11% benefit reduction, and 2% of adverse selection.

**Berkshire Life Insurance Company of America**  
**Virginia Experience Projection**  
**Policy Form: BG01P(06/04)-VA**  
**Exhibit G1**

	Calendar Year	Before Proposed Rate Increase			With Proposed Rate Increase*			at: 4.50%	
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Year End 2018	Disc/Accum Factor
Historical Experience	2004	0	0	0.0%	0	0	0.0%	14.5	1.8932
	2005	65,426	0	0.0%	65,426	0	0.0%	13.5	1.8116
	2006	300,459	0	0.0%	300,459	0	0.0%	12.5	1.7336
	2007	537,740	0	0.0%	537,740	0	0.0%	11.5	1.6590
	2008	769,936	0	0.0%	769,936	0	0.0%	10.5	1.5875
	2009	997,312	0	0.0%	997,312	0	0.0%	9.5	1.5192
	2010	1,047,866	0	0.0%	1,047,866	0	0.0%	8.5	1.4537
	2011	1,038,493	0	0.0%	1,038,493	0	0.0%	7.5	1.3911
	2012	1,074,904	0	0.0%	1,074,904	0	0.0%	6.5	1.3312
	2013	1,036,711	201,246	19.4%	1,036,711	201,246	19.4%	5.5	1.2739
	2014	1,036,726	358,522	34.6%	1,036,726	358,522	34.6%	4.5	1.2191
	2015	1,012,027	0	0.0%	1,012,027	0	0.0%	3.5	1.1666
	2016	873,293	0	0.0%	873,293	0	0.0%	2.5	1.1163
Projected Future Experience	2017	854,642	219,731	25.7%	854,642	219,731	25.7%	1.5	1.0683
	2018	698,431	0	0.0%	698,431	0	0.0%	0.5	1.0223
	2019	489,385	152,880	31.2%	489,385	152,880	31.2%	-0.5	0.9782
	2020	455,795	185,820	40.8%	495,627	183,855	37.1%	-1.5	0.9361
	2021	444,836	224,848	50.5%	515,977	218,051	42.3%	-2.5	0.8958
	2022	433,769	270,937	62.5%	503,140	262,747	52.2%	-3.5	0.8572
	2023	422,565	324,579	76.8%	490,144	314,768	64.2%	-4.5	0.8203
	2024	410,492	386,761	94.2%	476,140	375,071	78.8%	-5.5	0.7850
	2025	397,506	457,997	115.2%	461,078	444,154	96.3%	-6.5	0.7512
	2026	383,599	538,827	140.5%	444,947	522,540	117.4%	-7.5	0.7188
	2027	368,799	628,116	170.3%	427,780	609,131	142.4%	-8.5	0.6879
	2028	353,242	720,470	204.0%	409,735	698,694	170.5%	-9.5	0.6583
	2029	335,603	814,787	242.8%	389,274	790,160	203.0%	-10.5	0.6299
	2030	313,866	912,330	290.7%	364,061	884,754	243.0%	-11.5	0.6028
	2031	296,298	1,014,890	342.5%	343,683	984,215	286.4%	-12.5	0.5768
	2032	279,216	1,125,203	403.0%	323,870	1,091,192	336.9%	-13.5	0.5520
	2033	259,324	1,241,716	478.8%	300,797	1,204,184	400.3%	-14.5	0.5282
	2034	241,146	1,348,974	559.4%	279,711	1,308,201	467.7%	-15.5	0.5055
	2035	223,969	1,454,058	649.2%	259,788	1,410,107	542.8%	-16.5	0.4837
	2036	207,083	1,548,377	747.7%	240,200	1,501,576	625.1%	-17.5	0.4629
	2037	190,638	1,630,565	855.3%	221,126	1,581,280	715.1%	-18.5	0.4429
	2038	174,749	1,710,535	978.9%	202,696	1,658,832	818.4%	-19.5	0.4239
	2039	159,469	1,775,563	1113.4%	184,972	1,721,895	930.9%	-20.5	0.4056
	2040	144,899	1,826,413	1260.5%	168,072	1,771,208	1053.8%	-21.5	0.3882
	2041	131,073	1,857,887	1417.4%	152,035	1,801,731	1185.1%	-22.5	0.3714
	2042	118,070	1,871,965	1585.5%	136,952	1,815,383	1325.6%	-23.5	0.3554
	2043	105,905	1,874,273	1769.8%	122,842	1,817,621	1479.6%	-24.5	0.3401
	2044	94,577	1,865,846	1972.8%	109,703	1,809,450	1649.4%	-25.5	0.3255
	2045	84,078	1,845,276	2194.7%	97,524	1,789,501	1834.9%	-26.5	0.3115
	2046	74,396	1,810,862	2434.1%	86,294	1,756,127	2035.1%	-27.5	0.2981
	2047	65,505	1,755,709	2680.3%	75,981	1,702,641	2240.9%	-28.5	0.2852
	2048	57,365	1,680,069	2928.7%	66,539	1,629,288	2448.6%	-29.5	0.2729
	2049	49,959	1,587,513	3177.6%	57,949	1,539,529	2656.7%	-30.5	0.2612
	2050	43,259	1,484,060	3430.6%	50,178	1,439,203	2868.2%	-31.5	0.2499
	2051	37,223	1,373,395	3689.7%	43,175	1,331,883	3084.8%	-32.5	0.2392
	2052	31,811	1,263,725	3972.6%	36,899	1,225,528	3321.3%	-33.5	0.2289
	2053	26,974	1,157,441	4291.0%	31,288	1,122,456	3587.5%	-34.5	0.2190
	2054	22,679	1,054,863	4651.3%	26,306	1,022,979	3888.8%	-35.5	0.2096
	2055	18,884	955,064	5057.5%	21,904	926,197	4228.4%	-36.5	0.2006
	2056	15,569	859,381	5519.9%	18,059	833,406	4615.0%	-37.5	0.1919
	2057	12,698	769,343	6058.6%	14,729	746,089	5065.4%	-38.5	0.1837
	2058	10,242	685,728	6695.5%	11,879	665,001	5597.9%	-39.5	0.1758
Interest	Past	11,343,965	779,499	6.9%	11,343,965	779,499	6.9%		
	Future	7,986,516	46,047,046	576.6%	9,152,441	44,663,510	488.0%		
	Lifetime	19,330,481	46,826,545	242.2%	20,496,406	45,443,009	221.7%		
	4.50%								
	Past w/ int	15,034,774	928,156	6.2%	15,034,774	928,156	6.2%		
	Future w/ int	5,175,047	18,038,928	348.6%	5,895,161	17,501,626	296.9%		
	Lifetime w/ int	20,209,821	18,967,085	93.9%	20,929,935	18,429,782	88.1%		

\* Proposed rate increase: 22.0%; projection includes 3% shock lapse rate, 11% benefit reduction, and 2% adverse selection

**Berkshire Life Insurance Company of America**  
**Virginia Experience Projection**  
**Policy Form: BG01P(01/09)-VA**  
**Exhibit G2**

Calendar Year		Before Proposed Rate Increase			With Proposed Rate Increase*			at: 4.00%	
		Earned Premium	Incurred Claims	Loss Ratio	Earned Premium	Incurred Claims	Loss Ratio	Year End 2018	Disc/Accum Factor
2009		0	0	0.0%	0	0	0.0%	9.5	1.4515
2010		81,224	0	0.0%	81,224	0	0.0%	8.5	1.3957
2011		328,672	0	0.0%	328,672	0	0.0%	7.5	1.3420
2012		410,534	0	0.0%	410,534	0	0.0%	6.5	1.2904
2013		388,026	0	0.0%	388,026	0	0.0%	5.5	1.2407
2014		401,130	0	0.0%	401,130	0	0.0%	4.5	1.1930
2015		418,293	0	0.0%	418,293	0	0.0%	3.5	1.1471
2016		389,301	0	0.0%	389,301	0	0.0%	2.5	1.1030
2017		388,821	0	0.0%	388,821	0	0.0%	1.5	1.0606
2018		389,731	0	0.0%	389,731	0	0.0%	0.5	1.0198
Projected Future Experience	2019	389,241	32,823	8.4%	389,241	32,823	8.4%	-0.5	0.9806
	2020	335,345	40,481	12.1%	356,206	40,399	11.3%	-1.5	0.9429
	2021	245,206	49,839	20.3%	293,630	49,019	16.7%	-2.5	0.9066
	2022	204,172	61,292	30.0%	254,891	59,016	23.2%	-3.5	0.8717
	2023	200,979	75,065	37.3%	250,905	72,277	28.8%	-4.5	0.8382
	2024	197,446	91,569	46.4%	246,494	88,168	35.8%	-5.5	0.8060
	2025	193,540	111,122	57.4%	241,618	106,995	44.3%	-6.5	0.7750
	2026	189,253	134,236	70.9%	236,266	129,250	54.7%	-7.5	0.7452
	2027	184,571	161,414	87.5%	230,421	155,419	67.5%	-8.5	0.7165
	2028	179,478	192,341	107.2%	224,063	185,198	82.7%	-9.5	0.6889
	2029	173,929	227,051	130.5%	217,136	218,618	100.7%	-10.5	0.6624
	2030	167,915	264,376	157.4%	209,627	254,557	121.4%	-11.5	0.6370
	2031	161,464	303,344	187.9%	201,574	292,078	144.9%	-12.5	0.6125
	2032	154,627	343,510	222.2%	193,039	330,752	171.3%	-13.5	0.5889
	2033	147,488	380,396	257.9%	184,126	366,268	198.9%	-14.5	0.5663
	2034	140,086	418,169	298.5%	174,886	402,638	230.2%	-15.5	0.5445
	2035	132,486	454,648	343.2%	165,398	437,763	264.7%	-16.5	0.5235
	2036	124,774	488,552	391.5%	155,770	470,408	302.0%	-17.5	0.5034
	2037	107,573	521,235	484.5%	134,295	501,877	373.7%	-18.5	0.4840
	2038	99,028	547,552	552.9%	123,628	527,216	426.5%	-19.5	0.4654
	2039	91,447	570,887	624.3%	114,164	549,684	481.5%	-20.5	0.4475
	2040	83,995	593,747	706.9%	104,861	571,696	545.2%	-21.5	0.4303
	2041	76,725	609,250	794.1%	95,784	586,622	612.4%	-22.5	0.4138
	2042	69,720	618,971	887.8%	87,040	595,982	684.7%	-23.5	0.3978
	2043	63,015	624,656	991.3%	78,669	601,457	764.5%	-24.5	0.3825
	2044	56,638	622,689	1099.4%	70,708	599,562	847.9%	-25.5	0.3678
	2045	50,612	617,737	1220.5%	63,185	594,794	941.4%	-26.5	0.3537
	2046	44,966	603,624	1342.4%	56,136	581,206	1035.4%	-27.5	0.3401
	2047	39,729	584,650	1471.6%	49,598	562,936	1135.0%	-28.5	0.3270
	2048	34,912	560,280	1604.8%	43,584	539,471	1237.8%	-29.5	0.3144
	2049	30,511	533,395	1748.2%	38,091	513,585	1348.3%	-30.5	0.3023
	2050	26,505	505,014	1905.4%	33,089	486,257	1469.5%	-31.5	0.2907
2051	22,891	476,060	2079.7%	28,578	458,380	1604.0%	-32.5	0.2795	
2052	19,650	446,975	2274.7%	24,531	430,374	1754.4%	-33.5	0.2688	
2053	16,751	421,123	2514.1%	20,912	405,482	1939.0%	-34.5	0.2584	
2054	14,176	395,084	2787.1%	17,697	380,411	2149.6%	-35.5	0.2485	
2055	11,899	367,449	3088.2%	14,854	353,802	2381.8%	-36.5	0.2389	
2056	9,913	339,672	3426.6%	12,375	327,056	2642.9%	-37.5	0.2297	
2057	8,189	310,633	3793.4%	10,223	299,096	2925.7%	-38.5	0.2209	
2058	6,703	283,350	4227.3%	8,368	272,827	3260.4%	-39.5	0.2124	
Past Future Lifetime	Past	3,195,732	0	0.0%	3,195,732	0	0.0%		
	Future	4,507,546	14,984,262	332.4%	5,455,659	14,431,420	264.5%		
	Lifetime	7,703,278	14,984,262	194.5%	8,651,392	14,431,420	166.8%		
Interest 4.00%	Past w/ int	3,763,261	0	0.0%	3,763,261	0	0.0%		
	Future w/ int	3,058,378	6,212,458	203.1%	3,653,109	5,985,198	163.8%		
	Lifetime w/ int	6,821,639	6,212,458	91.1%	7,416,370	5,985,198	80.7%		

\* Proposed rate increase: 2 Phases of 15.0% each; projection includes 3% shock lapse rate, 11% benefit reduction, and 2% of adverse selection.

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**  
**Exhibit H1**  
**Nationwide Policy and Premium Distribution**

	<b>Policies</b>	<b>Premium</b>	<b>% of Policies</b>	<b>% of Premium</b>
<b>Base</b>				
Comprehensive	4,778	24,407,495	99%	99%
Facility Only	47	153,366	1%	1%
<b>Total</b>	<b>4,825</b>	<b>24,560,861</b>	<b>100%</b>	<b>100%</b>
<b>COLA Options</b>				
No COLA	679	2,266,717	14%	9%
Compound COLA 5%	2,584	15,285,416	54%	62%
Compound COLA 3%	1,562	7,008,728	32%	29%
<b>Total</b>	<b>4,825</b>	<b>24,560,861</b>	<b>100%</b>	<b>100%</b>
<b>Nonforfeiture Options</b>				
None	4,739	23,976,951	98%	98%
SBP NFO	17	81,507	0%	0%
Full ROP & SBP	1	9,117	0%	0%
Limited ROP	68	493,285	1%	2%
<b>Total</b>	<b>4,825</b>	<b>24,560,861</b>	<b>100%</b>	<b>100%</b>
<b>Pay Period</b>				
10 Pay	707	7,003,157	15%	29%
Lifetime	3,992	16,801,200	83%	68%
Paid up at Age 65	126	756,504	3%	3%
<b>Total</b>	<b>4,825</b>	<b>24,560,861</b>	<b>100%</b>	<b>100%</b>
<b>Joint/Single Life</b>				
Joint	2,625	15,752,354	54%	64%
Single	2,200	8,808,507	46%	36%
<b>Total</b>	<b>4,825</b>	<b>24,560,861</b>	<b>100%</b>	<b>100%</b>
<b>Billing Mode</b>				
Annual	1,925	10,912,686	40%	44%
Semi-Annual	211	1,067,880	4%	4%
Quarterly	487	2,692,377	10%	11%
Monthly	2,202	9,887,918	46%	40%
<b>Total</b>	<b>4,825</b>	<b>24,560,861</b>	<b>100%</b>	<b>100%</b>
<b>Elimination Period</b>				
0 Days	40	333,314	1%	1%
30 Days	411	2,191,479	9%	9%
60 Days	144	524,574	3%	2%
90 Days	4,013	20,407,717	83%	83%
180 Days	217	1,103,777	4%	4%
<b>Total</b>	<b>4,825</b>	<b>24,560,861</b>	<b>100%</b>	<b>100%</b>
<b>Benefit Period</b>				
3 Year / 3 Year	461	1,467,264	10%	6%
4 Year / 4 Year	255	902,011	5%	4%
5 Year / 5 Year	648	2,817,096	13%	11%
Lifetime / 5 Year	0	0	0%	0%
Lifetime / Lifetime	3,461	19,374,489	72%	79%
<b>Total</b>	<b>4,825</b>	<b>24,560,861</b>	<b>100%</b>	<b>100%</b>
<b>Issue Age Cohort</b>				
16-25	9	24,791	0%	0%
26-35	43	243,009	1%	1%
36-45	380	1,810,835	8%	7%
46-55	1,741	8,157,622	36%	33%
56-65	2,276	11,820,899	47%	48%
66-75	356	2,317,570	7%	9%
76-85	20	186,136	0%	1%
<b>Total</b>	<b>4,825</b>	<b>24,560,861</b>	<b>100%</b>	<b>100%</b>
<b>Daily Benefit Cohort</b>				
\$1-\$50	46	69,646	1%	0%
\$51-\$100	732	2,080,812	15%	8%
\$101-\$150	1,442	6,036,743	30%	25%
\$151-\$200	1,499	8,014,241	31%	33%
\$201-\$250	507	3,344,015	11%	14%
\$251-\$300	479	3,897,200	10%	16%
\$301-\$350	120	1,118,205	2%	5%
<b>Total</b>	<b>4,825</b>	<b>24,560,861</b>	<b>100%</b>	<b>100%</b>



**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(01/09)**  
**Exhibit H2**  
**Nationwide Policy and Premium Distribution**

	Policies	Premium	% of Policies	% of Premium
<b>Base</b>				
Comprehensive	2,856	17,457,401	99%	99%
Facility Only	35	126,265	1%	1%
Total	2,891	17,583,666	100%	100%
<b>COLA Options</b>				
No COLA	728	3,227,430	25%	18%
Compound COLA 6%	37	271,533	1%	2%
Compound COLA 5%	1,506	10,653,197	52%	61%
Compound COLA 4%	144	822,357	5%	5%
Compound COLA 3%	452	2,494,247	16%	14%
Step Pay Compound COLA 5%	24	114,902	1%	1%
Total	2,891	17,583,666	100%	100%
<b>Nonforfeiture Options</b>				
None	2,797	16,472,628	97%	94%
SBP NFO	9	62,385	0%	0%
Full ROP & SBP	1	28,736	0%	0%
Full ROP	46	768,455	2%	4%
Optional Policy Surrender	38	251,462	1%	1%
Total	2,891	17,583,666	100%	100%
<b>Pay Period</b>				
10 Pay	765	8,384,927	26%	48%
Lifetime	2,093	9,014,257	72%	51%
Paid up at Age 65	33	184,481	1%	1%
Total	2,891	17,583,666	100%	100%
<b>Joint/Single Life</b>				
Joint	1,643	11,463,874	57%	65%
Single	1,248	6,119,792	43%	35%
Total	2,891	17,583,666	100%	100%
<b>Billing Mode</b>				
Annual	1,500	10,489,721	52%	60%
Semi-Annual	123	696,132	4%	4%
Quarterly	255	1,599,844	9%	9%
Monthly	1,013	4,797,969	35%	27%
Total	2,891	17,583,666	100%	100%
<b>Elimination Period</b>				
0 Days	10	75,211	0%	0%
30 Days	172	1,099,915	6%	6%
90 Days	2,483	15,181,176	86%	86%
180 Days	226	1,227,364	8%	7%
Total	2,891	17,583,666	100%	100%
<b>Benefit Period</b>				
3 Year / 3 Year	527	2,091,224	18%	12%
4 Year / 4 Year	360	1,895,484	12%	11%
5 Year / 5 Year	274	1,407,149	9%	8%
6 Year / 6 Year	155	889,626	5%	5%
Lifetime / Lifetime	1,575	11,300,183	54%	64%
Total	2,891	17,583,666	100%	100%
<b>Issue Age Cohort</b>				
16-25	1	3,765	0%	0%
26-35	20	147,156	1%	1%
36-45	222	1,139,888	8%	6%
46-55	1,011	5,895,051	35%	34%
56-65	1,414	8,662,801	49%	49%
66-75	214	1,649,699	7%	9%
76-85	9	85,306	0%	0%
Total	2,891	17,583,666	100%	100%
<b>Daily Benefit Cohort</b>				
\$1-\$50	36	66,004	1%	0%
\$51-\$100	471	1,554,903	16%	9%
\$101-\$150	824	4,150,618	29%	24%
\$151-\$200	877	5,971,772	30%	34%
\$201-\$250	265	2,245,831	9%	13%
\$251-\$300	222	1,956,730	8%	11%
\$301-\$350	47	367,293	2%	2%
\$351-\$400	149	1,270,515	5%	7%
Total	2,891	17,583,666	100%	100%

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)-VA**  
**Exhibit H3**  
**Virginia Policy and Premium Distribution**

	Policies	Premium	% of Policies	% of Premium
<b>Base</b>				
Comprehensive	114	548,205	98%	99%
Facility Only	2	4,040	2%	1%
Total	116	552,244	100%	100%
<b>COLA Options</b>				
No COLA	11	41,258	9%	7%
Compound COLA 5%	73	398,045	63%	72%
Compound COLA 3%	32	112,942	28%	20%
Total	116	552,244	100%	100%
<b>Nonforfeiture Options</b>				
None	114	546,611	98%	99%
SBP NFO	1	3,871	1%	1%
Full ROP & SBP	0	0	0%	0%
Limited ROP	1	1,763	1%	0%
Total	116	552,244	100%	100%
<b>Pay Period</b>				
10 Pay	7	85,454	6%	15%
Lifetime	105	453,903	91%	82%
Paid up at Age 65	4	12,887	3%	2%
Total	116	552,244	100%	100%
<b>Joint/Single Life</b>				
Joint	58	328,783	50%	60%
Single	58	223,461	50%	40%
Total	116	552,244	100%	100%
<b>Billing Mode</b>				
Annual	39	231,894	34%	42%
Semi-Annual	3	12,654	3%	2%
Quarterly	16	86,099	14%	16%
Monthly	58	221,598	50%	40%
Total	116	552,244	100%	100%
<b>Elimination Period</b>				
0 Days	1	23,222	1%	4%
30 Days	7	24,776	6%	4%
60 Days	0	0	0%	0%
90 Days	103	477,852	89%	87%
180 Days	5	26,394	4%	5%
Total	116	552,244	100%	100%
<b>Benefit Period</b>				
3 Year / 3 Year	12	39,236	10%	7%
4 Year / 4 Year	8	23,460	7%	4%
5 Year / 5 Year	20	91,587	17%	17%
Lifetime / 5 Year	0	0	0%	0%
Lifetime / Lifetime	76	397,961	66%	72%
Total	116	552,244	100%	100%
<b>Issue Age Cohort</b>				
16-25	0	0	0%	0%
26-35	0	0	0%	0%
36-45	12	33,735	10%	6%
46-55	40	169,009	34%	31%
56-65	53	292,284	46%	53%
66-75	10	50,536	9%	9%
76-85	1	6,681	1%	1%
Total	116	552,244	100%	100%
<b>Daily Benefit Cohort</b>				
\$1-\$50	1	2,898	1%	1%
\$51-\$100	19	62,096	16%	11%
\$101-\$150	47	184,529	41%	33%
\$151-\$200	44	246,837	38%	45%
\$201-\$250	3	18,694	3%	3%
\$251-\$300	2	37,190	2%	7%
\$301-\$350	0	0	0%	0%
Total	116	552,244	100%	100%

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(01/09)-VA**  
**Exhibit H4**  
**Virginia Policy and Premium Distribution**

	Policies	Premium	% of Policies	% of Premium
<b>Base</b>				
Comprehensive	63	379,547	98%	99%
Facility Only	1	4,251	2%	1%
Total	64	383,798	100%	100%
<b>COLA Options</b>				
No COLA	7	29,862	11%	8%
Compound COLA 6%	3	54,245	5%	14%
Compound COLA 5%	42	239,203	66%	62%
Compound COLA 4%	2	6,257	3%	2%
Compound COLA 3%	9	48,007	14%	13%
Step Pay Compound COLA 5%	1	6,224	2%	2%
Total	64	383,798	100%	100%
<b>Nonforfeiture Options</b>				
None	63	381,987	98%	100%
SBP NFO	1	1,811	2%	0%
Full ROP & SBP	0	0	0%	0%
Full ROP	0	0	0%	0%
Optional Policy Surrender	0	0	0%	0%
Total	64	383,798	100%	100%
<b>Pay Period</b>				
10 Pay	14	176,552	22%	46%
Lifetime	49	197,194	77%	51%
Paid up at Age 65	1	10,052	2%	3%
Total	64	383,798	100%	100%
<b>Joint/Single Life</b>				
Joint	36	249,848	56%	65%
Single	28	133,950	44%	35%
Total	64	383,798	100%	100%
<b>Billing Mode</b>				
Annual	38	269,489	59%	70%
Semi-Annual	1	4,351	2%	1%
Quarterly	9	45,138	14%	12%
Monthly	16	64,820	25%	17%
Total	64	383,798	100%	100%
<b>Elimination Period</b>				
0 Days	0	0	0%	0%
30 Days	4	23,400	6%	6%
60 Days	0	0	0%	0%
90 Days	56	340,510	88%	89%
180 Days	4	19,888	6%	5%
Total	64	383,798	100%	100%
<b>Benefit Period</b>				
3 Year / 3 Year	11	43,882	17%	11%
4 Year / 4 Year	5	25,248	8%	7%
5 Year / 5 Year	17	73,367	27%	19%
6 Year / 6 Year	1	2,238	2%	1%
Lifetime / Lifetime	30	239,064	47%	62%
Total	64	383,798	100%	100%
<b>Issue Age Cohort</b>				
16-25	0	0	0%	0%
26-35	0	0	0%	0%
36-45	5	20,604	8%	5%
46-55	23	120,572	36%	31%
56-65	32	190,458	50%	50%
66-75	4	52,163	6%	14%
76-85	0	0	0%	0%
Total	64	383,798	100%	100%
<b>Daily Benefit Cohort</b>				
\$1-\$50	0	0	0%	0%
\$51-\$100	15	53,489	23%	14%
\$101-\$150	18	89,388	28%	23%
\$151-\$200	23	136,430	36%	36%
\$201-\$250	3	43,055	5%	11%
\$251-\$300	2	44,353	3%	12%
\$301-\$350	0	0	0%	0%
\$351-\$400	3	17,083	5%	4%
Total	64	383,798	100%	100%

**Berkshire Life Insurance Company of America**  
**Demonstration that Lifetime Incurred Claims with Requested Rate Increases are**  
**Not Less than Lifetime Earned Premium with Prescribed Factors**  
**Policy Form: BG01P(06/04)**  
**Exhibit II**

1 Accumulated value of initial earned premium	628,049,604	x	58%	364,268,771
2a Accumulated value of earned premium	638,474,673			
2b Accumulated value of prior premium rate schedule increases (2a-1)	10,425,069	x	85%	8,861,309
3 Present value of future projected initial earned premium	190,047,876	x	58%	110,227,768
4a Present value of future projected premium	235,044,755			
4b Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	44,996,879	x	85%	38,247,348
<b>5 Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b</b>				<b>521,605,195</b>
6a Accumulated value of incurred claims without the inclusion of active life reserves				34,988,516
6b Present value of future projected incurred claims without the inclusion of active life reserves				810,359,024
<b>7 Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b</b>				<b>845,347,540</b>
				<b>TRUE</b>

Note: Present and accumulated values in the lifetime projections in Exhibit II are determined at the maximum valuation interest rate of 4.5%

**Berkshire Life Insurance Company of America**  
**Demonstration that Lifetime Incurred Claims with Requested Rate Increases are**  
**Not Less than Lifetime Earned Premium with Prescribed Factors**  
**Policy Form: BG01P(01/09)**  
**Exhibit I2**

1 Accumulated value of initial earned premium	176,507,025	x	58%	102,374,074
2a Accumulated value of earned premium	176,507,025			
2b Accumulated value of prior premium rate schedule increases (2a-1)	-	x	85%	-
3 Present value of future projected initial earned premium	138,786,796	x	58%	80,496,341
4a Present value of future projected premium	165,571,689			
4b Present value of future projected premium in excess of the projected initial earned premiums (4a-3)	26,784,894	x	85%	22,767,160
<b>5 Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b</b>				<b>205,637,575</b>
6a Accumulated value of incurred claims without the inclusion of active life reserves				5,105,936
6b Present value of future projected incurred claims without the inclusion of active life reserves				273,692,642
<b>7 Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b</b>				<b>278,798,578</b>
				<b>TRUE</b>

Note: Present and accumulated values in the lifetime projections in Exhibit I2 are determined at the maximum valuation interest rate of 4.0%

**Long Term Care Insurance Rate Request Summary**  
**Part 1 – To Be Completed By Company**

**Company Name and NAIC Number:** Berkshire Life Insurance Company of America. NAIC # 71714

**SERFF Tracking Number:** LFCR-132210833

**Revised Rates**

**Average Annual Premium Per Member:** \$5,200

**Average Requested Percentage Rate Change Per Member:** 26.2%

**Range of Requested Rate Changes:** 22%-32.25%

**Number of Virginia Policyholders Affected:** 180

Form Number	Product Name	Issue Dates	Prior Rate Increases – Date and Percentage Approved	Outlook for Future Rate Increases
BG01P (06/04)-VA	Care Provider	12/1/2004 to 1/1/2010	8/22/2016 - 25%	If the full increase requested is approved, we do not have additional scheduled rate increases in the foreseeable future. However, we will continue to monitor the experience and will file additional rate increases only if experience proves this to be necessary.
BG01P (01/09)-VA	LTC Choice Provider	1/2/2010 to 2/27/2012	N/A	If the full increase requested is approved, we do not have additional scheduled rate increases in the foreseeable future. However, we will continue to monitor the experience and will file additional rate increases only if experience proves this to be necessary.

**Attach a narrative to summarize the key information used to develop the rates including the main drivers for the revised rates.**

This document is prepared by the carrier to help explain the requested rate change and is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing at <https://www.scc.virginia.gov/boi/SERFFInquiry/default.aspx>.

**Berkshire Life Insurance Company of America**  
**Policy Forms: BG01P(06/04)-VA, BG01P(01/09)-VA**  
**Summary of Key Information Used to Determine Rates**

The company is requesting the approval of a 22% flat rate increase on current base rates for BG01P(06/04)-VA. Additionally, the company is requesting the approval of a two-year phase-in flat increase of 15% each year on the current base rates for BG01P(01/09)-VA, resulting in a cumulative 32.25% increase.

As part of the in-force management of the business, the company and its reinsurers regularly conduct experience analysis to determine the current best estimate assumptions, and lifetime loss ratios are projected using these assumptions. Recent studies indicate that the mortality and lapse experience have been unfavorable and are expected to remain lower than the pricing assumptions going forward. A rate increase is needed to adjust to this current experience and to maintain a reasonable lifetime loss ratio.



December 2, 2019

Re: **BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA- NAIC # 71714**

To Whom It May Concern:

This letter will serve as the Company's authorization for LifeCare Assurance Company (Long Term Care Administrators) to submit for review and approval Long Term Care rate increase filings pertaining to the LTC Care ProVider product, policy form BGOIP (06/04), on behalf of Berkshire Life Insurance Company of America from today through December 31, 2020.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Lawrence Hazzard', written over a faint circular stamp.

Lawrence Hazzard  
President  
Berkshire Life Insurance Company of America

Direct Telephone: 413-395-4636

Email: [Lawrence\\_Hazzard@glic.com](mailto:Lawrence_Hazzard@glic.com)

**Berkshire Life Insurance Company of America**

A wholly owned stock subsidiary of and administrator for The Guardian Life Insurance Company of America, New York, NY





Berkshire Life  
Insurance Company of America

Notice of Premium Rate Increase

[Month XX, 20YY]

[OWNER NAME]

[POLICY NUMBER]

[ADDRESS]

[ADDRESS]

Re: Berkshire Life Insurance Company of America ("Berkshire Life") Long-Term Care Insurance Policy  
[POLICY NUMBER]

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [\$aaa.aa\*\*\*.xx to \$xxx.xx\*\*\*.yy], beginning with the premium payment that is due [Month XX, 20YY].-Your premium will also increase effective [Month XX, 20YY+1] and [Month XX, 20YY+2].]

The following table contains a summary of the changes which will be reflected in your premium:

Anniversary	Premium	Increase
[Month XX, 20YY]	[\$xxx.xx]	[xx.x%]
[Month XX, 20YY+1]	[\$yyy.yy]	[yy.y%]
[Month XX, 20YY+2]	[\$zzz.zz]	[zz.z%]

Anniversary	Before Increase Premium	Increase	New Premium on Policy Anniversary Date
[Month XX, 20YY]	[\$aaa.aa] (Current Premium)	[xx.x%]	[\$xxx.xx] = [\$aaa.aa] * (1 + [xx.x%])
[Month XX, 20YY+1]	[\$xxx.xx] [Yr 2 Current Premium]	[yy.y%]	[\$yyy.yy] = [\$xxx.xx] * (1 + [yy.y%])
[Month XX, 20YY+2]	[\$yyy.yy] [Yr 3 Current Premium]	[zz.z%]	[\$zzz.zz] = [\$yyy.yy] * (1 + [zz.z%])

As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

**[If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher**



Berkshire Life  
Insurance Company of America

**amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium. We will also provide you with an opportunity to discuss options that may help offset the increase in premium.]**

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at

<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx> [www.scc.virginia.gov/BOI](http://www.scc.virginia.gov/BOI). We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from [\$xxx.xx to \$yyy.yy], your [modal] premium would be [\$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Contingent Benefit Upon Lapse Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a Contingent Benefit Upon Lapse option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. All benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

**All reduction options are not of equal value. In the case of a partnership policy, some benefit**



**Berkshire Life  
Insurance Company of America**

**reduction options may result in a loss in partnership status that may reduce policyholder protections.**

In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

[President's Name]~~Lawrence Hazzard~~  
President  
Berkshire Life Insurance Company of America

Enclosures:  
Coverage Change Request Form  
Business Reply Envelope



Berkshire Life  
Insurance Company of America

Notice of Premium Rate Increase

[Month XX, 20YY]

[OWNER NAME]

[POLICY NUMBER]

[ADDRESS]

[ADDRESS]

Re: Berkshire Life Insurance Company of America ("Berkshire Life") Long-Term Care Insurance Policy  
[POLICY NUMBER]

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [~~\$aaa.aa~~~~xx.xx~~ to ~~\$xxx.xx~~~~yyy.yy~~], beginning with the premium payment that is due [Month XX, 20YY]. Your premium will also increase effective [Month XX, 20YY+1] and [Month XX, 20YY+2].

The following table contains a summary of the changes which will be reflected in your premium:

Anniversary Premium	Increase		
[Month XX, 20YY]	[\$xxxx.xx]	[xx.x%]	
[Month XX, 20YY+1]		[\$yyyy.yy]	[yy.y%]
[Month XX, 20YY+2]		[\$zzzz.zz]	[zz.z%]
Anniversary	Before Increase Premium	Increase	New Premium on Policy Anniversary Date
[Month XX, 20YY]	[\$aaa.aa] (Current Premium)	[xx.x%]	[\$xxx.xx] = [\$aaa.aa] * (1 + [xx.x%])
[Month XX, 20YY+1]	[\$xxx.xx] [Yr 2 Current Premium]	[yy.y%]	[\$yyy.yy] = [\$xxx.xx] * (1 + [yy.y%])
[Month XX, 20YY+2]	[\$yyy.yy] [Yr 3 Current Premium]	[zz.z%]	[\$zzz.zz] = [\$yyy.yy] * (1 + [zz.z%])

As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.



**Berkshire Life**  
**Insurance Company of America**

**[If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium. We will also provide you with an opportunity to discuss options that may help offset the increase in premium.]**

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx> ~~www.scc.virginia.gov/BOI~~. We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from [\$xxx.xx] to [\$yyy.yy], your [modal] premium would be [\$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Nonforfeiture Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, you may elect to exercise the nonforfeiture option provided by your policy. Under this option, if you choose not to pay any future premiums, your policy would lapse but coverage would continue according to the terms of your nonforfeiture rider. This option will automatically be provided if your policy lapses for non-payment of premium. All benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

**All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction**



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Insurance Company of America**

**options may result in a loss in partnership status that may reduce policyholder protections.**

In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by [Month XX, 20YY]. In doing so, you will ensure your requested changes are processed prior to [Month XX, 20YY], the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to [Month XX, 20YY], your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

| [President's Name]~~Lawrence Hazzard~~

President

Berkshire Life Insurance Company of America

| Enclosures:

Coverage Change Request Form

Business Reply Envelope

## Notice of Premium Rate Increase (BG01P VA CNF & BG01P VA NF) Variations

### **Heading:**

[Month XX, 20YY] – Mailing date that will vary based on the policyholder's anniversary date.

[OWNER NAME] – Name of policyholder.

[ADDRESS] – Address line 1 of policyholder.

[ADDRESS] – Address line 2 of policyholder.

[POLICY NUMBER] – Policy number of policyholder.

### **First Paragraph:**

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[modal] – The modal will be yearly, semi-annually, quarterly, monthly based on policyholder selection.

[\$aaa.aa to \$xxx.xx] – The first number is the current premium amount. The second number is the new premium amount.

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Your premium will also increase effective ...] – This sentence will be included if multiple increases are approved by the Virginia Bureau of Insurance.

[Month XX, 20YY + 1] – This date will vary based on the policyholder's anniversary date. Only applies if a second increase is approved by the Virginia Bureau of Insurance.

[Month XX, 20YY + 2] – This date will vary based on the policyholder's anniversary date. Only applies if a third increase is approved by the Virginia Bureau of Insurance.

### **Second Paragraph Table:**

#### **Row 1**

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[\$aaa.aa] – This is the current premium before any increase.

[xx.x%] – This is the first increase percentage.

[\$xxx.xx] – This is the new premium amount after the first increase.

#### **Row 2**

[[Month XX, 20YY+1]...] – This row only applies if a second increase is approved by the Virginia Bureau of Insurance.

[Month XX, 20YY+1] – This date will vary based on the policyholder's anniversary date.

[\$xxx.xx] – This is the new premium amount after the first increase.

[Yr 2 Current Premium] – Premium description that only applies if a second increase is approved by the Virginia Bureau of Insurance.

[yy.y%] – This is the second increase percentage.

[\$yyy.yy] – This is the new premium amount after the second increase.

#### **Row 3**

[[Month XX, 20YY+2]...] – This row only applies if a third increase is approved by the Virginia Bureau of Insurance.

[Month XX, 20YY+2] – This date will vary based on the policyholder's anniversary date.

[\$yyy.yy] – This is the new premium amount after the second increase.

[Yr 3 Current Premium] – Premium description that only applies if a third increase is approved by the Virginia Bureau of Insurance.

[zz.z%] – This is the third increase percentage.

[\$zzz.zz] – This is the new premium amount after the third increase.

**Fourth Paragraph:**

[If you have qualified...] – The paragraph will only be included if the policyholder qualifies for Waiver of Premium.

**Sixth Paragraph, 1<sup>st</sup> Bullet-Point:**

[\$xxx.xx to \$yyy.yy] – The first number is the current daily benefit amount. The second number is the reduced daily benefit amount which will vary depending on policyholder selection.

[modal] – The modal will be yearly, semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount based on the reduced daily benefit amount.

**Eleventh Paragraph:**

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – Same as above.

[Month XX, 20YY] – Same as above.

**Signature:**

[President's Name] – The president's name will vary based on the current president.

## **Coverage Change Request Form Variations**

**Heading:**

[OWNER NAME] – Name of policyholder.

[POLICY NUMBER] – Policy number of policyholder.

[ADDRESS] – Address line 1 of policyholder.

[ADDRESS] – Address line 2 of policyholder.

**Second Paragraph:**

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – Same as above.

**Fifth Paragraph, 1<sup>st</sup> Bullet-Point:**

[\$xxx.xx to \$yyy.yy] – The first number is the current daily benefit amount. The second number is the reduced daily benefit amount which will vary depending on policyholder selection.

[modal] – The modal will be yearly, semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount if option one is selected.

[Month XX, 20YY] – This date will vary based on policyholder's anniversary date.



March 3, 2020

Bill Dismore  
Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

**RE:   BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S):           BG01P(06/04)-VA, BG01P(01/09)-VA**  
**TRACKING NUMBER:         LFCR-132210833**

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated January 8, 2020 for the above referenced filing.

**Objection 1**

- **L&H Actuarial Memorandum (Supporting Document)**

**Comments:**

**Please provide a current status of rate increase requests, both approved and pending, along with each state's cumulative total increases and the nationwide overall cumulative average increase. Provide this for all states, including VA, with inforce policies.**

Please refer to Attachments Q1.1-Q1.2 for the status of current rate requests on a nationwide basis by form in the attached file: *Berkshire VA Objection Response Attachments 01 08 20.xlsx*.

**Objection 2**

- **L&H Actuarial Memorandum (Supporting Document)**

**Comments:**

**Please provide the anticipated lifetime loss ratio at the time of original pricing for this policy form utilizing the original pricing assumptions for morbidity, mortality, lapse and interest, including the original margins for moderately adverse experience. If this ratio exceeds 58%, please supply an alternate demonstration that the requested rate increase would meet the requirements of the 58/85 test if 58% was replaced with the original anticipated lifetime loss ratio as calculated above. Note, in the previous rate increase filing (LFCR-129536537) the original anticipated loss ratio appears to be 66% rather than 58%. Please confirm.**

The anticipated lifetime loss ratios at the time of original pricing for these policy forms utilizing the original pricing assumptions for morbidity, mortality, lapse and interest, including the original margins for moderately adverse experience are listed below:

- **BG01P(06/04): 66.0%**
  - 10% Original margin for moderately adverse experience.
- **BG01P(01/09): 63.0%**
  - 20% Original margin for moderately adverse experience.

Please note the previous rate increase filing (LFCR-129536537) was for policy form BG01P(06/04) only while the current filing is for both policy forms BG01P(06/04) and BG01P(01/09).

Since both loss ratios exceed 58%, alternate demonstrations that the requested rate increase for each form would meet the requirements of the new loss ratio test are shown in Attachments Q2.1-Q2.2 in the attached file: *Berkshire VA Objection Response Attachments 01 08 20.xlsx*.

### **Objection 3**

- **L&H Actuarial Memorandum (Supporting Document)**

#### **Comments:**

**Please provide sufficient detail or documentation so that any projections can be recreated. Please provide a copy of all projections in Excel with working formulas.**

All attachments referenced in this response are also provided in Excel format in the attached file: *Berkshire VA Objection Response Attachments 01 08 20.xlsx*.

### **Objection 4**

- **L&H Actuarial Memorandum (Supporting Document)**

#### **Comments:**

**Re-state the nationwide experience using Virginia approved rates.**

Please refer to Attachments Q4.1-Q4.2 for restated nationwide experience for BG01(06/04) and BG01(01/09) respectively in attached file: *Berkshire VA Objection Response Attachments 01 08 20.xlsx*.

Please note for policy form BG01(01/09), since this is the 1<sup>st</sup> rate increase request, no adjustments are necessary.

### **Objection 5**

- **L&H Actuarial Memorandum (Supporting Document)**

#### **Comments:**

**Provide a separate calculation of the Lifetime Loss Ratio so that the historical premium component is restated to what it would be if the proposed premium had been charged (collected) since the forms' introduction.**

Please refer to Attachments Q5.1-Q5.2 for restated nationwide experience by policy form assuming the proposed premium has been charged since inception in the attached file: *Berkshire VA Objection Response Attachments 01 08 20.xlsx*.

### **Objection 6**

- **L&H Actuarial Memorandum (Supporting Document)**

#### **Comments:**

**Please provide a loss ratio projection (both past and future) which reflects all the original pricing assumptions for interest, mortality, morbidity, persistency and premium scale, but uses the actual distribution of policies as issued rather than the originally assumed mix of business.**

Please refer to Attachments Q6.1-Q6.2 for nationwide loss ratio projections by policy form using original pricing assumptions and actual distribution of policies issued in the attached file: *Berkshire VA Objection Response Attachments 01 08 20.xlsx*.

### **Objection 7**

- **L&H Actuarial Memorandum (Supporting Document)**

#### **Comments:**

**Since a prior 25% rate increase has been approved for the form BGOIP(06/04) VA, provide an explanation as to why an additional rate increase is needed and a comparison of the differences in the assumptions used in the prior filing with those experienced included. (Note: If experience developed as projected, or close to it, why is an additional rate increase being requested? Were any margins included in the prior rate filing to account for this?)**

The 25% rate increase approved for policy form BG01P(06/04)-VA in the prior filing (SERFF No. LFCR-129536537) was not the full amount needed to get to the target loss ratio. At the time the 25% increase was requested, a 50% increase was justified with a 10% margin for moderately adverse experience. We have since revised our assumptions to better reflect actual experience as well as industry data and have found the need for an additional rate increase. Please see exhibits C, D2, E3, and E4 in the actuarial memo for actual to expected analysis on lapse, mortality, incidence, and termination. The overall actual to expected ratios in these exhibits are close to 1.00 which demonstrates the reasonableness of the assumptions selected.

For more details on the reason for the increase, please see Section 3: Reason for the Increase in the actuarial memo. Please refer to Attachment Q7 for a comparison of assumptions between this filing and the prior filing in the attached file: *Berkshire VA Objection Response Attachments 01 08 20.xlsx*.

### **Objection 8**

- **L&H Actuarial Memorandum (Supporting Document)**

#### **Comments:**

**What steps have been taken to minimize rate increases on this block of business?**

To minimize rate increases on this block of business, we make sure all claims are adjudicated to the terms of the contract and also set up a special investigation unit to investigate fraudulent claims to help manage the risk. By verifying each claim, we reduce the number of fraudulent claims we pay out, which ultimately lowers the rate increase need for this block. A plan has been implemented that requires medical records to be obtained on all claims during the adjudication process. Also, since claims must be recertified on an annual basis, it gives us the opportunity to review the claim eligibility regularly. Dashboards have also been created to look for outliers that enable us to identify possible fraudulent claims.

### **Objection 9**

- **L&H Actuarial Memorandum (Supporting Document)**

#### **Comments:**

**Please explain what, if any, margins are included in the proposed rates to ensure that future rate increases will not be needed presuming the experience develops as projected including a demonstration that actual and projected costs exceed costs anticipated at the time of initial pricing under moderately adverse experience and that the composite margin is projected to be exhausted.**

No margins are included in the proposed rates. A demonstration that actual and projected costs exceed anticipated costs and the composite margin can be found in Attachments Q2.1 and Q2.2 in the attached file: *Berkshire VA Objection Response Attachments 01 08 20.xlsx*. The projections in the demonstration include the margins for moderately adverse experience (110% of pricing).

### **Objection 10**

- **L&H Actuarial Memorandum (Supporting Document)**

#### **Comments:**

**If the company cannot certify that no further rate increases are anticipated, then provide the lifetime loss ratio to which the company intends to target for these forms.**

The company will certify that if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.

### **Objection 11**

- **L&H Actuarial Memorandum (Supporting Document)**

#### **Comments:**

**If a landing spot (i.e. reduction or removal of an inflation rider) is an option to reduce the impact of the proposed rate increase, please demonstrate that the proposed landing spots are actuarially equivalent to the requested rate increase.**

**Since the Virginia Bureau of Insurance is concerned with policyholder equity, please provide several examples (including outliers) of the variability in the relative present value of each option available in lieu of increase from the individual policyholder perspective.**

Landing spot is not offered in this filing.

The option to reduce benefits is always available to policyholders. The target of benefit reductions is to reduce the premium in such a manner as to keep the premium after the increase at a similar level as before the increase. Policyholders may choose to reduce their daily benefit amount, reduce their benefit period, increase their elimination period, remove certain riders, or a combination of these options. This results in a number of different benefit reduction options. The policyholders may discuss the options available in detail by contacting our customer service representatives.

Actuarial equivalence is not a goal of the benefit reduction options. Because of the discrepancy between the assumptions used to price the product initially and the current best estimate assumptions, any benefit reductions to offset a rate increase would not be actuarially equivalent.

Included below are four examples of different options a policyholder could exercise to reduce the impact of the proposed rate increase. The options available to each policyholder will vary based on what current benefits they have. Consider a BG01P(06/04)-VA lifetime-pay comprehensive policy, with issue age 48, preferred risk class, 90-day elimination period, 5% compound inflation rider (2.95 factor), lifetime benefit period (1.00 factor), and \$100 DBA (10 units).

Annual premium before rate increase =  $\$70 \times 1.00 \times 2.95 \times 10 = \$2,065.00$

Annual premium after first phase of the rate increase =  $\$70 \times 1.25 \times 2.95 \times 10 = \$2,581.25$

1. A policyholder who chooses to reduce the inflation rider from 5% to 3% (1.96 factor) will have:
  - $\$70 \times 1.25 \times 1.96 \times 10 = \$1,715.00$

2. A policyholder who chooses to drop the inflation rider (1.00 factor) will have:
  - $\$70 \times 1.25 \times 1.00 \times 10 = \$875.00$
3. A policyholder who chooses to reduce the benefit period from lifetime to 5 years (0.82 factor) will have:
  - $\$70 \times 1.25 \times 2.95 \times 0.82 \times 10 = \$2,116.63$
4. A policyholder who chooses to reduce their DBA from \$100 to \$90 (8 units) will have:
  - $\$70 \times 1.25 \times 2.95 \times 9 = \$2,065.00$

#### **Objection 12**

- **L&H Actuarial Memorandum (Supporting Document)**

##### **Comments:**

**Please advise if the Contingent Benefit Upon Lapse will be offered to all policyholders regardless if the trigger requirements are met or not.**

Yes, the Contingent Benefit Upon Lapse will be offered to all policyholders regardless of whether the trigger requirements are met or not.

#### **Objection 13**

- **L&H Actuarial Memorandum (Supporting Document)**

##### **Comments:**

**For compliance with the requirements of 14VAC5-200-153 B, which requires a certification by a qualified actuary that if the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated. However, the Virginia Bureau of Insurance will waive this requirement if the Company agrees to the following:**

- a. **The Company provides a certification for the entire rate increase needed and provides supporting documentation separately for the amount needed and the amount requested.**
- b. **The Company provides a certification agreeing to notify policyholders of not only the premium rate increase that will be implemented but the amount that would be required to be charged pursuant to the requirements of 14VAC5-200153 B.**
- c. **The Company provides a certification that it will agree not to seek another rate increase on these forms for a period of at least 36 months.**
- d. **The Company provides a certification that any future rate increase on these forms could not attempt to recover the lost premium between the amount implemented and the increase needed to provide the certification pursuant to 14VAC5-200-153 B. That is, lifetime projections would need to be calculated using historical premiums at a level consistent with an original rate increase at the rate stabilization level (full amount needed to be certified under 14VAC 5-200-153 B) rather than the amount actually implemented.**

In response to the requirements of 14VAC5-200-153 B, the company is revising its rate request to the following:

- BG01P(06/04)-VA: 25% per year for 3 years, which is 95.3% on a cumulative basis.
- BG01P(01/09)-VA: 20% per year for 3 years, which is 72.8% on a cumulative basis.

Updated versions of the actuarial memo and rate pages are attached to reflect the revised rate request. Under the revised rate request, the company will make the certification to comply with 14VAC5-200-153 B. Please see Section 14: Actuarial Certification of the revised actuarial memo for the certification.

- *Berkshire Rate Filing Actuarial Memo with Attachments VA Rev*
- *Berkshire VA Rate Tables Rev*

#### **Objection 14**

- **L&H Actuarial Memorandum (Supporting Document)**

##### **Comments:**

**Please state the active life reserves for each policy form.**

Please refer to Attachment Q14 for nationwide active life reserves by policy form in the attached file *Berkshire VA Objection Response Attachments 01 08 20.xlsx*.

#### **Objection 15**

- **L&H Actuarial Memorandum (Supporting Document)**

##### **Comments:**

**Since this block of business includes limited pay policies, please indicate whether any inforce policies have reached paid-up status. If so, please provide a demonstration that the requested rate increase would meet the requirements of the 58/85 test and the alternate 66/85 (if 66% is the original anticipated loss ratio) test if all paid-up policies are excluded from the projections.**

Both policy forms contain in force policies that have reached paid-up status. For demonstrations that the requested rate increases would meet the requirements of the 58/85 test and the alternate original anticipated loss ratio test, please refer to Attachments Q15.1-Q15.4 in the attached file *Berkshire VA Objection Response Attachments 01 08 20.xlsx*. All paid-up policies are excluded from projected and historical data.

- Attachment Q15.1 - BG01P(06/04) 58/85 Test Excluding Paid-up Policies
- Attachment Q15.2 - BG01P(01/09) 58/85 Test Excluding Paid-up Policies
- Attachment Q15.3 - BG01P(06/04) 66/85 Alternate Test Excluding Paid-up Policies
- Attachment Q15.4 - BG01P(01/09) 63/85 Alternate Test Excluding Paid-up Policies

#### **Objection 16**

- **L&H Actuarial Memorandum (Supporting Document)**

##### **Comments:**

**Please provide a measure of the credibility of the Company's claim experience and how credibility was factored into the development of the morbidity assumptions.**

Regarding credibility, we use Florida's insurance regulation (FAC Rule 69O-149.0025) to determine credible data. For policy forms with low expected claims frequency, a total of 1,000 claims shall be assigned 100 percent credibility; 200 claims shall be assigned 0 percent credibility. If 100 percent credibility is not achieved by using the most recent five year period, the data from the most recent five year period only shall

be used. Long Term Care insurance falls into this category of policy forms with low expected claim frequency.

The company has a total 98 claims incurred between 2014 and 2018, which is considered no credibility at all by FL's standard. In comparison, the reinsurer's portfolio from 14 client companies contains over 8,200 claims incurred between 2014 and 2018. Since the reinsurer's pool has much more claims, we use its combined experience as a base to set morbidity assumptions, adjusted by the company's own experience and blended with the most recent SOA industry study.

#### **Objection 17**

- **L&H Actuarial Memorandum (Supporting Document)**

##### **Comments:**

**While a data source was provided for the current assumptions for claim length of stay, we could not locate the same for the claim incidence. Please indicate the source of the data used to derive the morbidity assumptions for claim incidence, including any adjustments made to such data to reflect company experience.**

As mentioned in the response to Objection 16, the company's own claim experience is not credible. This block is 90% reinsured. To develop claim incidence assumption, the reinsurer's combined experience for similarly underwritten and administered LTC products has been studied on a regular quarterly basis in addition to company's own experience. The incidence assumption on the reinsurer basis is compared with the latest SOA study. The comparison shows our incidence assumption is more conservative than the SOA study. The company's actual experience is then compared with the reinsurer's experience and a 78% factor is used to reflect the company has a better claim experience than the reinsurer's average. Please see Exhibit E3 of the actuarial memorandum for an actual to expected analysis of incidence on the reinsurer basis.

#### **Objection 18**

- **L&H Actuarial Memorandum (Supporting Document)**

##### **Comments:**

**Please advise if there are there any partnership policies outstanding in the Virginia blocks.**

There are still outstanding partnership policies in Virginia under the BG01P(01/09)-VA policy form. BG01P(06/04)-VA does not have any outstanding partnership policies in Virginia.

#### **Objection 19**

- **L&H Actuarial Memorandum (Supporting Document)**

##### **Comments:**

**Policyholder Notification of Rate Increase**

**Please explain how the company intends to satisfy 14VAC5-200-75. If a previously approved policyholder notification letter and change request forms are to be used, place these approved forms under the "Supporting Documentation" tab and provide the SERFF tracking number granting their approval. Be sure to include the Statement of Variability for each form. Any changes or alterations should be marked and explained. If a new policyholder notification letter is to be provided, this should be filed under the Form Schedule for review and approval.**

The company is providing updated versions of the policyholder letters that were approved in the last rate filing under SERFF Tracking Number LFCR-129536537. We are revising the previously approved letters to be compatible with the increases requested for both policy forms. The coverage change request sections of the letters have been split out into separate forms. Please find the coverage change request forms, the statement of variability, and redline copies of the policyholder letters attached in the Supporting Documentation tab. The proposed policyholder letters are attached in the Form Schedule.

- *BG01P VA CNF*
- *BG01P VA NF*
- *BG01P Coverage Change VA CNF*
- *BG01P Coverage Change VA NF*
- *BG01P VA CNF - Redline*
- *BG01P VA NF - Redline*
- *BG01P Virginia Statement of Variability*

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a stylized flourish at the end.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com



March 17, 2020

Bill Dismore  
Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

**RE:   BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S):           BG01P(06/04)-VA, BG01P(01/09)-VA**  
**TRACKING NUMBER:         LFCR-132210833**

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated March 9, 2020 for the above referenced filing.

**Objection 1**

- **Long Term Care Insurance Rate Request Summary (Supporting Document)**

**Comments:**

**Please provide an updated Long Term Care Insurance Rate Request Summary that reflect the revised changes submitted in the Company's 3/06/2020 objection response.**

Please find an updated Long Term Care Insurance Rate Request Summary that reflects the revised changes submitted in the company's 3/06/2020 objection response in the attached file: *Health Ins Rate Rqst Summary Pt1 with Summary Rev.*

The company is also providing an updated Actuarial Memo with some minor changes. Sections 10.c and 14 have revised. For more details, please see the redline copy in the attached file: *Berkshire Rate Filing Actuarial Memo Rev1 Redline.*

Due to an oversight on the company's part, projected incurred claims under the proposed increase for form BG01P(01/09) were slightly overstated in the response to the last objection. The company is submitting corrected versions of the response attachments and the Actuarial Memo with Attachments. The revised files along with the attachments/exhibits that are impacted are listed below.

- *Berkshire VA Objection Response Attachments 01 08 20 Rev1*
  - Attachment Q2.2 - Standard 63/85 Test
  - Attachment Q15.2 - 58/85 Test Excluding Paid-up Policies
  - Attachment Q15.4 - 63/85 Test Excluding Paid-up Policies
- *Berkshire Rate Filing Actuarial Memo with Attachments VA Rev1*
  - Exhibit F2 - Nationwide Experience Projection
  - Exhibit G2 - Virginia Experience Projection
  - Exhibit I2 - Standard 58/85 Test

The impact of the revisions on the lifetime loss ratios under the proposed increase is immaterial. All the loss ratio tests are still passed under the revised data.

## **Objection 2**

- **L&H Actuarial Memorandum (Supporting Document)**

### **Comments:**

**Please provide the rationale for combining of forms BG01P(06/04) and BG01P(01/09) into a single rate revision filing. As stated in your response to our objection on 3/06/2020, form BG01P(0604) had a previous rate revision filing under LFCR-129536537 and this filing did not include the experience of form BG01P(01/09) in that filing.**

In 2014, the company began a nationwide round of rate increase on policy form BG01P(06/04) only. The previous rate filing under LFCR-129536537 was part of this. At that time, no rate increases were requested for form BG01P(01/09). In 2019, the company decided to file another round of rate increase, which includes both policy forms: policy form BG01P(06/04) and BG01P(01/09).

Policy form BG01P(01/09) replaced BG01P(06/04) nationwide with updated pricing in 2009-2010. As both policy forms provide similar benefits and are similarly underwritten and administered by the same third-party administrator, they are filed together for efficiency.

## **Objection 3**

- **BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)**

### **Comments:**

**Please move these forms from the Supporting Documentation tab to the Form Schedule tab since it appears the Company is amending these forms.**

In the previous filing, the Coverage Change forms were provided as supporting documents. No revisions have been made to the Coverage Change forms from what was approved in the previous filing. Please advise if the company will still need to move the Coverage Change forms to the Form Schedule tab.

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a long horizontal line extending to the right.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
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**Berkshire Life Insurance Company of America**

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**Long Term Care Insurance Policy:**

**Form BG01P(06/04)-VA**

**Long Term Care Insurance Policy:**

**Form BG01P(01/09)-VA**

Berkshire Life Insurance Company of America (Berkshire Life) is requesting a rate increase on the above listed Long-Term Care (LTC) policy forms. Policy form BG01P(06/04)-VA was issued in Virginia from 2004 through 2010 under product name “Care ProVider” and is referred to as “BG01” in this actuarial memorandum. Policy form BG01P(01/09)-VA was issued in Virginia from 2010 through 2012 under product name “LTC Choice ProVider” and is referred to as “BG04” in this memorandum. The above policy forms are no longer being marketed in any jurisdiction.

**1. Purpose of Filing**

This is a rate increase filing for existing Long-Term Care policy forms. This actuarial memorandum has been prepared for the purpose of demonstrating that the requested rate increase meets the minimum requirements of the 2014 National Association of Insurance Commissioners (NAIC) Long-Term Care Insurance Model Regulation and the applicable regulatory requirements of this jurisdiction. It may not be suitable for other purposes.

**2. Scope of Filing**

This filing applies to the Company’s LTC policy forms as specified above. These forms provide daily benefit for qualified long-term care services in various settings, as summarized in Exhibit A, when the insured meets policy benefit qualification requirements.

The forms included in this filing are individual LTC policies that are guaranteed renewable for life, subject to the Company’s right to change premium rates.

These policy forms were issue age rated and fully underwritten. The issue ages were from 40 to 84 on an age nearest birthday basis, except for endorsed groups where the issue age range was 18 to 84 in some jurisdictions. Strict underwriting criteria were administered with frequent utilization of medical records and paramedical functional assessments, personal history interviews and MIB searches.

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These policy forms were marketed by individual agents of Berkshire Life Insurance Company of America.

The proposed rate increase is applicable to all inforce policies as these forms are no longer being marketed. Paid-up policies will not receive a rate increase.

The number of policyholders and the annual inforce premium, as of December 2018, are displayed in Exhibits A1 and A2. The exhibits also show the average annual premium before and after proposed rate increase.

**3. Reason for the Increase**

A rate increase is necessary at this time due to significantly higher anticipated future and lifetime loss ratios. The higher loss ratios are a result of a combination of lower lapse, lower death, longer claim continuance, and lower investment earnings on the assets.

Berkshire Life has been evaluating this block and updating assumptions based on the actual experience as well as the industry experience. For the policy forms specified above, projected experience is now worse than what original pricing assumptions were projecting. The combined effect of updating the lapse, mortality and morbidity assumptions to better reflect the actual experience, as well as industry data, resulted in the need for a rate increase.

The current premium levels are inadequate. Therefore, the Company is requesting a rate increase to help alleviate the adverse performance on this block of business. Implementing a necessary rate increase earlier reduces the amount of the rate increase.

**4. Requested Rate Increase**

The Company is requesting the approval of the following increases:

BG01: Three-year phase-in flat increase of 25% each year on the current base rates; this is a cumulative 95.3% increase on the current base rates.

BG04: Three-year phase-in flat increase of 20% each year on the current base rates; this is a cumulative 72.8% increase on the current base rates.

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The increase does not vary by issue age or other policy characteristics. The new premium for any contract is equal to the product of the contract's current premium and one plus the base premium increase percentage. Paid-up policies will not be affected by the rate increase.

Please see Exhibits B1 & B2 for rate tables reflecting the rate increase:

Exhibit B1: BG01 proposed rates

Exhibit B2: BG04 proposed rates

Please note that the actual rates implemented may vary from those in the rate pages slightly due to implementation rounding algorithms.

**5. History of Previous Rate Revisions**

**a. BG01**

A flat increase of 25% was approved on August 22, 2016.

**b. BG04**

No prior rate increase has been requested for this policy form.

**6. Actuarial Assumptions**

**a. Interest**

The maximum valuation interest rate for contract reserves has been used for accumulating historical experience and for discounting projected future experience.

Maximum Valuation Interest Rate: BG01: 4.5%  
BG04: 4.0%

**b. Lapse**

The current best estimate ultimate lapse rate is assumed to be 0.65%, formulated by analyzing the trend in lapse rates of later policy durations for the reinsurer's entire similarly underwritten and administered block of LTC policies. Exhibit C shows the reinsurer's actual to expected lapse experience by duration where the expected is based on current best estimate assumptions.

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**c. Mortality**

The current best estimate mortality assumptions are also based on the reinsurer's combined experience. The attained age mortality is assumed to be 100% of the 2012 IAR Table, which consists of the 2012 IAM Period Table along with the use of Scale G2 to project future mortality improvements beyond 2012, with duration selection factors, varied by joint vs. single, shown in Exhibit D1. Mortality selection factors for Single grade from 20% to 100% over 16 years while selection factors for Joint grade from 20% to 100% over 21 years.

Exhibit D2 includes a comparison of actual deaths and expected deaths based on best estimate assumptions for the combined reinsurer's block of LTC policies.

**d. Morbidity**

The current best estimate morbidity assumptions are based on the experience of the reinsurer's entire similarly underwritten and administered block of LTC policies as well. Studies are performed for incidence, continuance, utilization, and recovery from claim data. Incidence rates by gender, marital status, and attained age have been developed.

Claim continuance rates are derived from reinsurer data that has been credibility blended with the latest industry data. Recovery and return to active status is based on the policyholders' attained ages at the time their claims are incurred, grading down from 59% of all claims at age 40, to 8.5% at age 99, and then 0% at age 120. Utilization factors are then applied to the claim costs, which are as follows: 73% for COLA reimbursement policies and 90% for non-COLA reimbursement policies. No underwriting selection durational factors or morbidity improvements are assumed in the projection.

Policy design features have been taken into consideration. Benefit provisions, elimination periods, benefit periods, number of units, benefit growth, etc. have been accounted for either in the development of claim costs or projection model formulas.

Exhibit E1 shows the best estimate incidence rates by gender and marital status. Exhibit E2 demonstrates the best estimate lengths of stay for lifetime benefit period, 90-day elimination period policies with and without 5% Compound COLA.

Attachments E3 and E4 contain the analysis of actual to expected incidence and termination respectively, with expected based on best estimate assumptions, for the combined reinsurer LTC blocks.

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**e. Expenses**

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

**f. Rate Increase Impact on Policyholder Behavior**

At the time of a rate increase, policyholders have the option to elect a Contingent Benefit Upon Lapse (CBUL) or reduced benefit options (RBO). An increase in morbidity for adverse selection due to the rate increase is also assumed based on the percentage of policyholders that elect CBUL and RBO.

Policyholders who elect a CBUL are modeled as a shock lapse. The shock lapse assumption represents policyholders who are assumed to drop their policies instead of accepting a rate increase. The RBO assumption represents policyholders who are assumed to choose to reduce benefits in order to offset all or some of the rate increase. Adverse selection associated with the requested increase is a function of CBUL and RBO election. The reasoning for a permanent shift in morbidity due to adverse selection is that the insureds remaining after the increase are those who choose to accept the rate increase (i.e., the insureds who think they will use the policy) and are a less healthy population (will use more benefits) than the pre-filing cohort. For those who lapse the policy, the assumption is that the insureds are healthier and less likely to need the policy as they do not value the policy enough to pay a higher premium.

The following provides approximate averages for these assumptions: 3% shock lapse, 11% RBO election rate, and 2% morbidity increase due to adverse selection.

The projections in Attachments F and G assume one fifth of the 1<sup>st</sup> phase increase is expected to occur in 2020 and the remainder in 2021, and half of the 2<sup>nd</sup> phase increase is expected to occur in 2021 and the other half in 2022, and half of the 3<sup>rd</sup> phase increase is expected to occur in 2022 and the other half in 2023.

The above assumptions are based on the experience of policies issued by the Company, reinsurer and industry experience, and actuarial judgement. The best estimate assumptions reflect an estimate of the most likely outcome and do not reflect an explicit margin for conservatism.

**7. Area Factors and Trend Assumptions**

Area factors were not used in pricing for the above listed policy forms. As this is not medical insurance, an explicit medical cost trend is not included in the projections.

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**8. Reserves**

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2018 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve (IBNR) balances as of December 31, 2018 have been allocated to a calendar year of incurral and included in historical incurred claims. Paid claims have been discounted to the incurral date and included in historical incurred claims. Claim reserves are calculated for active and pending claimants as present value of benefit payments discounted by interest and terminations. The IBNR is based on lag factors which are applied to the claim reserves and survivor payments based on the difference between the incurral date and the valuation date.

**9. Past and Future Policy Experience**

Earned premiums and incurred claims for projection years 2019 through 2058 are developed from an active lives model representing actual contracts in force as of December 31, 2018. The best estimate assumptions described above for morbidity, voluntary lapse and mortality are used to project earned premiums and incurred claims.

Nationwide and statewide historical experience and projections before and after proposed rate increase are shown as follows:

<b>Policy Form</b>	<b>Nationwide</b>	<b>Virginia</b>
BG01	Exhibit F1	Exhibit G1
BG04	Exhibit F2	Exhibit G2

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_{t=j}^{2018} Pmt_t^j \times v^{t-j} + {}_jCR_{2018} \times v^{2018-j+0.5} + {}_jIBNR_{2018} \times v^{2018-j+0.5}}{EP_j}$$

$LR_j$  = loss ratio for year  $j$

$Pmt_t^j$  = claim payments in year  $t$  on claims incurred in year  $j$ , assumed to occur midyear

${}_jCR_{2018}$  = claim reserve held on December 31, 2018 for claims incurred in year  $j$

${}_jIBNR_{2018}$  = incurred but not reported reserve as of December 31, 2018 attributable to claims incurred in year  $j$

$EP_j$  = earned premium in year  $j$ , assumed mid-year



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$j$  = year of incurral

- **BG01:**  $v = 1 / 1.045 = 0.956938$
- **BG04:**  $v = 1 / 1.04 = 0.961538$

Future anticipated loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums. Lifetime loss ratio as of December 31, 2018 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at the maximum valuation interest rate.

**10. Analysis Performed**

The originally approved premium schedule was based on pricing assumptions believed to be appropriate, given industry experience available when the originally approved rate schedule was developed. The original pricing assumptions for voluntary lapse, mortality and claim costs were as follows:

**a. Original Pricing Ultimate Lapse**

BG01: 2.00%

BG04: 0.75%

**b. Original Pricing Mortality**

BG01: 1983 GAM

BG04: 1994 GAM with duration selection factors.

**c. Original Pricing Morbidity**

Original pricing claim costs for skilled, intermediate and Facility Care Benefits are derived from The Reports of the Society of Actuaries based on the 1985 National Nursing Home Survey Utilization Data in Transactions, Society of Actuaries, 1988-89-90 Reports; and the Long Term Care Intercompany Study: 1984-1991 Experience in Transactions, Society of Actuaries, 1993-94 Reports. Claim costs factors shown in the original actuarial memorandum are applied to the inforce lives and represent the expected cost per life of incurred benefits.

Original pricing claim costs for Home and Community Based Care are decreasing percentages of Facility Care claims costs derived from information provided by a reinsurer.

Underwriting selection durational factors are:

BG01: 10%, 20%, 40%, 60%, 80%, 100% for durations 6 & later.

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BG04:

Single: 35%, 40%, 45%, 50%, 60%, 80%, 90%, 100% durations 8 & later.

Joint: 21%, 24%, 27%, 30%, 36%, 38%, 48%, 54%, 60%, 66%, 72%, 78%, 84%, 90%, 96%,  
100% for durations 1~~6~~<sup>5</sup> & later.

**d. Original Pricing Interest**

BG01: 4.5%

BG04: 5.5%

As part of the inforce management of the business, the reinsurer and administrator of the business monitor the performance of the business by completing periodic actual-to-expected analysis for voluntary lapse, mortality, claim incidence, and claim termination. The findings from these analyses were used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio. An analysis of the projected lifetime loss ratio based on current best estimate assumptions compared to that assumed at the time of original pricing revealed that experience had deteriorated significantly.

The best estimate assumptions used in this filing (described in Section 6) are based on actual inforce experience of the Company, experience of the reinsurer's similarly underwritten and administered LTC products, industry experience, and actuarial judgement. Actual persistency and claim continuance have been higher than what were assumed in original pricing.

**11. Loss Ratio Requirement Compliance Demonstration**

Exhibits F (nationwide) and G (statewide) show actual and projected experience using current best estimate assumptions. Actual experience is provided from inception through 2018 and then projected on a seriatim basis for 40 years using the current assumptions described above in Section 6. Included in Exhibits F and G are calendar year earned premiums, incurred claims, annual loss ratios, and cumulative loss ratios. As shown in Exhibits F and G, the anticipated lifetime loss ratios with the requested rate increase exceed the minimum loss ratio required by pre-rate stability regulation.

Exhibits I1 and I2, for BG01 and BG04 respectively, demonstrate that the requested rate increase meets the 58%/85% minimum loss ratio test under moderately adverse conditions as required by post-rate stability regulation. These exhibits show that the sum of the accumulated value of incurred claims without the inclusion

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of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

- a. Accumulated value of the initial earned premium times 58%,
- b. 85% of the accumulated value of prior premium rate schedule increases,
- c. Present value of future projected initial earned premiums times 58%, and
- d. 85% of the present value of future projected premiums in excess of the projected initial earned premiums.

Present and accumulated values in the lifetime projections in Exhibits I1 and I2 are determined at the maximum valuation interest rate for contract reserves applicable to long-term care business issued in the years in which the applicable business of this filing was issued.

**12. Proposed Effective Date**

The rate increase will apply to policies on their policy anniversary date following at least a 75-day policyholder notification period after approval.

**13. Nationwide Distribution of Business as of December 31, 2018**

As of December 31, 2018, the number of policies in force that will be affected by this increase by policy form is shown in the following Exhibits:

<b>Policy Form</b>	<b>Nationwide</b>	<b>Virginia</b>
BG01	Exhibit H1	Exhibit H3
BG04	Exhibit H2	Exhibit H4

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**14. Actuarial Certification**

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and am familiar with the requirements for filing long-term care insurance premium rate increases.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8 and No. 18.

The data used to develop this actuarial memorandum was provided by LifeCare Assurance Company, the administrator of the policies, and Employers Reassurance Corporation, the reinsurer of the business. I have reviewed the data for reasonableness.

To the best of my knowledge and judgement, I hereby certify that:

- this rate submission is in compliance with the applicable laws and regulations of the jurisdiction where it is filed;
- policy design, underwriting, and claims adjudication practices have been taken into consideration;
- the rates are not excessive or unfairly discriminatory, and bear reasonable relationship to the benefits based on the loss ratio standards of this jurisdiction;
- this filing will enhance premium adequacy, but may not be sufficient to prevent future rate action. Additional rate increases are needed to certify the rates will remain stable under moderately adverse conditions; ~~and~~
- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because the company is no longer marketing new business in any states; ~~and~~
- If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.

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March 2020

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a horizontal line extending from the end of the signature.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary

Date: March 3, 2020

April 28, 2020

Bill Dismore  
Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

**RE:   BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S):           BG01P(06/04)-VA, BG01P(01/09)-VA**  
**TRACKING NUMBER:         LFCR-132210833**

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated March 30, 2020 for the above referenced filing.

**Objection 1**

- **Long Term Care Insurance Rate Request Summary (Supporting Document)**

**Comments:**

**Please provide actual-to-expected analysis of the Company's own historical experience for morbidity, mortality and lapse experience.**

As noted in the actuarial memorandum, the Company's own experience is very limited and this block of business is 90% reinsured. Please refer to Attachments Q1.1-Q1.6 for actual to expected analysis of the Company's historical experience for morbidity, mortality and lapse experience in the attached file: *Berkshire VA Objection Response Attachments 03 30 20*. The expected values are under best estimate assumptions.

- Attachment Q1.1 Actual to Expected Incidence
- Attachment Q1.2 Actual to Expected Claim Termination
- Attachments Q1.3 Actual to Expected Mortality
- Attachments Q1.4 Actual to Expected Lapse Rates

**Objection 2**

- **L&H Actuarial Memorandum (Supporting Document)**

**Comments:**

**In Exhibits F1 and F2, there are some very large earned premium reductions in years 2016 – 2022, even in the no premium increase scenario which should not be affected by policyholder behavior assumptions. Please provide detailed calculations of the derivation of the premiums in those years with all factors shown.**

The reductions in earned premium from years 2016 to 2022 are due to limited pay policies becoming paid-up. Please refer to Attachment Q2 for a detailed earned premium breakdown by form in the attached file: *Berkshire VA Objection Response Attachments 03 30 20*.

### **Objection 3**

- **BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)**

#### **Comments:**

**Please provide all projections required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach (see attached description).**

Please refer to Attachments Q3.1.1-Q3.2.5 for projections and information required to calculate the increase under the Prospective PV Approach and the Blended If-knew/Make-up Approach in the attached file:  
*Berkshire VA Objection Response Attachments 03 30 20.*

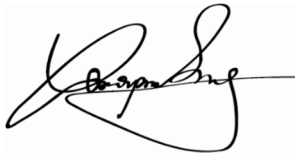
#### **Prospective PV Approach**

- Attachment Q3.1.1 Cumulative Increase by Form
- Attachments Q3.1.2-Q3.1.3 Nationwide Calendar Year Projections for Active Premium-Paying Policies
- Attachments Q3.1.4-Q3.1.5 Rate Increase Illustration Using the Prospective PV Approach

#### **Blended If-knew/Make-up Approach**

- Attachment Q3.2.1 If-Knew & Make-up Increase Summary
- Attachments Q3.2.2-Q3.2.3 Nationwide Projection with If-Knew Increase
- Attachments Q3.2.4-Q3.2.5 Nationwide Projection with Make-up Increase

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a stylized flourish at the end.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com

**Berkshire Life Insurance Company of America**  
**Policy Forms: BG01P(06/04) & BG01P(01/09)**

**Attachment Q1.1**  
**Actual to Expected Incidence**

Attained Age	Single Male				Single Female			
	Exposure	Claim Count	Expected Claim Count	A/E	Exposure	Claim Count	Expected Claim Count	A/E
40-44	114	0	0	0%	111	0	0	0%
45-49	318	0	0	0%	525	2	0	1915%
50-54	713	0	0	0%	1,332	1	1	177%
55-59	1,366	1	1	97%	2,579	4	2	174%
60-64	1,774	3	3	106%	3,477	5	7	76%
65-69	1,697	4	6	72%	3,529	8	14	57%
70-74	928	3	6	48%	1,979	13	16	80%
75-79	281	4	4	104%	741	7	13	54%
80-84	90	0	3	0%	252	6	9	64%
85-89	21	2	1	184%	46	4	3	131%
90+	2	0	0	0%	1	0	0	0%
Total	7,305	17	24	71%	14,572	50	65	77%

Attained Age	Married Male				Married Female			
	Exposure	Claim Count	Expected Claim Count	A/E	Exposure	Claim Count	Expected Claim Count	A/E
40-44	555	0	0	0%	937	0	0	0%
45-49	1,619	0	0	0%	2,330	1	0	893%
50-54	3,681	4	0	869%	4,838	2	1	339%
55-59	6,969	8	2	380%	8,000	7	2	291%
60-64	9,019	4	7	61%	9,148	12	7	176%
65-69	7,969	12	14	87%	6,621	15	12	125%
70-74	3,394	17	14	124%	2,201	14	9	147%
75-79	746	8	7	111%	398	6	4	144%
80-84	136	2	3	62%	48	1	1	79%
85-89	17	2	1	240%	4	0	0	0%
90+	1	0	0	0%	0	0	0	0%
Total	34,107	57	48	118%	34,525	58	37	156%



**Berkshire Life Insurance Company of America**  
**Policy Forms: BG01P(06/04) & BG01P(01/09)**

**Attachment Q1.2**  
**Actual to Expected Claim Termination**

Duration	Claim Exposure	Actual	Expected	A/E
1st quarter	5	1	2	0.37
2nd quarter	38	10	6	1.69
3rd quarter	30	2	3	0.80
4th quarter	26	1	2	0.49
2	91	20	21	0.96
3	47	8	11	0.70
4	32	7	10	0.70
5	20	5	6	0.88
6	11	5	5	1.01
7	5	0	2	0.00
8	4	0	1	0.00
9	1	0	1	0.00
10	1	0	1	0.00
11	1	0	1	0.00
Average	313	59	72	0.82

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04) & BG01P(01/09)**

**Attachment Q1.3**  
**Actual to Expected Mortality**

Attained Age	Single Lives Death Counts			Joint Lives Death Counts**			Total Death Counts		
	Actual	Expected*	A/E	Actual	Expected*	A/E	Actual	Expected*	A/E
<40	0	0	0.00	0	0	0.00	0	1	0.00
40-44	0	0	0.00	1	1	0.71	1	2	0.57
45-49	2	1	1.51	6	5	1.27	8	6	1.32
50-54	4	5	0.81	13	16	0.83	17	21	0.82
55-59	13	13	1.02	33	38	0.86	46	51	0.90
60-64	20	26	0.76	48	69	0.69	68	96	0.71
65-69	21	35	0.60	41	74	0.55	62	109	0.57
70-74	21	28	0.75	35	40	0.86	56	69	0.82
75-79	12	16	0.73	17	14	1.20	29	31	0.95
80-84	8	10	0.81	2	4	0.49	10	14	0.72
85-89	2	5	0.44	2	1	2.58	4	5	0.75
90+	0	1	0.00	0	0	0.00	0	1	0.00
Total	103	141	0.73	198	263	0.75	301	404	0.75

\* Expected - 100% of 2012 IAR mortality table with the mortality selection factors shown in Exhibit D2

\*\* Joint lives - joint policy at issue

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04) & BG01P(01/09)**

**Attachment Q1.4**  
**Actual to Expected Lapse Rates**

Duration*	Exposure**	Lapses	Actual Lapse Rates	Best Estimate Lapse Rates	A/E
8	1,538	19	1.24%	0.65%	1.90
9	510	6	1.18%	0.65%	1.81
10	4,584	41	0.89%	0.65%	1.38
11	3,330	33	0.99%	0.65%	1.52
12	2,182	19	0.87%	0.65%	1.34
13	1,131	9	0.80%	0.65%	1.22
14	348	0	0.00%	0.65%	0.00
15	4	0	0.00%	0.65%	0.00
Average	13,627	127	0.93%	0.65%	1.43

\* All BG01P(06/04) policies are duration 10+ & all BG01P(01/09) policies are duration 8+.

\*\* Lifetime pay policies only

**Berkshire Life Insurance Company of America**  
**Policy Forms: BG01P(06/04) & BG01P(01/09)**

**Attachment Q2**  
**Nationwide Earned Premium Breakdown from 2016-2022**

Calendar Year	BG01P(06/04)			BG01P(01/09)		
	Lifetime Pay	Limited Pay	Total	Lifetime Pay	Limited Pay	Total
2016	18,004,164	25,190,006	43,194,170	9,561,165	9,164,983	18,726,148
2017	18,285,432	19,991,417	38,276,849	9,485,843	9,117,043	18,602,887
2018	18,498,480	14,198,084	32,696,564	9,366,903	9,124,569	18,491,472
2019	17,292,328	6,467,518	23,759,846	9,182,045	8,583,958	17,766,002
2020	16,959,607	2,493,631	19,453,238	9,066,213	6,941,693	16,007,906
2021	16,600,748	700,706	17,301,455	8,939,944	3,049,845	11,989,790
2022	16,215,122	536,413	16,751,536	8,802,736	231,285	9,034,022

**Berkshire Life Insurance Company of America**  
**Policy Forms: BG01P(06/04) & BG01P(01/09)**

**Attachment Q3.1.1**  
**Cumulative Increase by Form**

Form	Cumulative Increase
BG01P(06/04)	8.2%
BG01P(01/09)	0.0%

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment Q3.1.2**  
**Nationwide Calendar Year Projections for Active Premium-Paying Policies**

Calendar Year	Current Assumptions		Prior Assumptions*		At Year End 2018	Discount 4.50%
	Earned Premiums	Incurred Claims	Earned Premiums	Incurred Claims		
2019	23,759,846	4,279,566	24,002,749	4,696,817	-0.5	0.9782
2020	19,453,238	5,083,679	19,684,987	5,443,421	-1.5	0.9361
2021	17,301,455	6,023,389	17,516,536	6,300,027	-2.5	0.8958
2022	16,751,536	7,112,863	17,011,258	7,295,067	-3.5	0.8572
2023	16,223,880	8,371,582	16,574,812	8,417,883	-4.5	0.8203
2024	15,694,495	9,817,661	16,156,044	9,671,674	-5.5	0.7850
2025	15,162,788	11,456,333	15,731,996	11,061,333	-6.5	0.7512
2026	14,603,377	13,300,399	15,289,345	12,582,447	-7.5	0.7188
2027	14,021,253	15,347,444	14,823,388	14,228,177	-8.5	0.6879
2028	13,436,228	17,596,326	14,351,324	15,965,586	-9.5	0.6583
2029	12,820,571	20,026,683	13,847,120	17,794,531	-10.5	0.6299
2030	12,193,884	22,603,710	13,324,602	19,693,530	-11.5	0.6028
2031	11,568,399	25,294,601	12,797,776	21,641,549	-12.5	0.5768
2032	10,928,978	28,061,217	12,249,311	23,632,947	-13.5	0.5520
2033	10,277,861	30,782,657	11,679,721	25,624,392	-14.5	0.5282
2034	9,610,961	33,428,796	11,079,203	27,583,408	-15.5	0.5055
2035	8,950,915	35,930,089	10,468,764	29,484,230	-16.5	0.4837
2036	8,292,100	38,285,333	9,839,104	31,269,312	-17.5	0.4629
2037	7,652,816	40,452,088	9,208,368	32,923,161	-18.5	0.4429
2038	7,026,520	42,371,128	8,570,565	34,386,572	-19.5	0.4239
2039	6,417,733	44,006,487	7,930,957	35,596,005	-20.5	0.4056
2040	5,830,112	45,362,408	7,294,805	36,538,439	-21.5	0.3882
2041	5,267,110	46,370,913	6,667,694	37,205,483	-22.5	0.3714
2042	4,731,858	46,977,121	6,055,355	37,582,925	-23.5	0.3554
2043	4,226,899	47,150,391	5,463,165	37,668,219	-24.5	0.3401
2044	3,754,397	46,882,051	4,896,178	37,470,270	-25.5	0.3255
2045	3,315,733	46,210,412	4,358,555	36,979,443	-26.5	0.3115
2046	2,911,732	45,183,442	3,853,654	36,209,282	-27.5	0.2981
2047	2,542,412	43,814,426	3,384,059	35,199,714	-28.5	0.2852
2048	2,207,290	42,212,525	2,951,388	33,969,007	-29.5	0.2729
2049	1,905,479	40,389,766	2,556,549	32,515,003	-30.5	0.2612
2050	1,635,601	38,376,309	2,199,711	30,881,067	-31.5	0.2499
2051	1,396,128	36,233,107	1,880,263	29,135,817	-32.5	0.2392
2052	1,185,110	34,031,987	1,596,838	27,307,442	-33.5	0.2289
2053	1,000,501	31,828,751	1,347,603	25,417,065	-34.5	0.2190
2054	840,002	29,622,500	1,130,314	23,506,045	-35.5	0.2096
2055	701,427	27,451,285	942,410	21,602,687	-36.5	0.2006
2056	582,671	25,295,398	781,269	19,741,730	-37.5	0.1919
2057	481,598	23,155,712	644,149	17,949,817	-38.5	0.1837
2058	396,266	21,089,304	528,308	16,248,739	-39.5	0.1758
Total	206,981,090	456,426,226	222,429,776	384,341,924		

\*Prior assumptions are from approved 2013 filing. SERFF Tracking No. LFCR-129667784.

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(01/09)**

**Attachment Q3.1.3**  
**Nationwide Calendar Year Projections for Active Premium-Paying Policies**

Calendar Year	Current Assumptions		Original Pricing Assumptions		At Year	Discount	Discount
	Earned Premiums	Incurred Claims	Earned Premiums	Incurred Claims	End 2018	4.00%	5.50%
2019	17,766,002	1,362,718	17,712,690	2,147,781	-0.5	0.9806	0.9736
2020	16,007,906	1,647,063	15,858,248	2,538,469	-1.5	0.9429	0.9228
2021	11,989,790	1,985,939	11,789,593	2,992,712	-2.5	0.9066	0.8747
2022	9,034,022	2,389,561	8,784,625	3,521,767	-3.5	0.8717	0.8291
2023	8,826,672	2,871,183	8,486,320	4,136,225	-4.5	0.8382	0.7859
2024	8,634,508	3,437,767	8,195,172	4,830,547	-5.5	0.8060	0.7449
2025	8,447,731	4,104,909	7,902,236	5,567,567	-6.5	0.7750	0.7061
2026	8,248,332	4,883,292	7,591,995	6,310,593	-7.5	0.7452	0.6693
2027	8,023,490	5,781,689	7,254,895	7,055,119	-8.5	0.7165	0.6344
2028	7,794,478	6,813,818	6,914,263	7,839,109	-9.5	0.6889	0.6013
2029	7,550,470	7,983,857	6,562,889	8,655,279	-10.5	0.6624	0.5700
2030	7,281,050	9,278,017	6,193,530	9,494,232	-11.5	0.6370	0.5403
2031	6,980,774	10,706,937	5,803,714	10,344,794	-12.5	0.6125	0.5121
2032	6,687,672	12,254,441	5,430,579	11,177,986	-13.5	0.5889	0.4854
2033	6,389,710	13,882,058	5,063,453	11,987,410	-14.5	0.5663	0.4601
2034	6,075,166	15,566,136	4,692,276	12,753,548	-15.5	0.5445	0.4361
2035	5,756,876	17,282,584	4,330,277	13,453,456	-16.5	0.5235	0.4134
2036	5,419,828	19,000,625	3,964,107	14,062,303	-17.5	0.5034	0.3918
2037	5,080,397	20,649,304	3,610,436	14,564,428	-18.5	0.4840	0.3714
2038	4,741,997	22,199,571	3,272,050	14,941,627	-19.5	0.4654	0.3520
2039	4,407,232	23,621,497	2,950,819	15,189,535	-20.5	0.4475	0.3337
2040	4,077,885	24,874,541	2,647,915	15,308,094	-21.5	0.4303	0.3163
2041	3,754,242	25,902,955	2,362,790	15,282,268	-22.5	0.4138	0.2998
2042	3,434,220	26,678,710	2,092,627	15,115,724	-23.5	0.3978	0.2842
2043	3,127,325	27,168,044	1,844,946	14,815,528	-24.5	0.3825	0.2693
2044	2,831,894	27,367,856	1,616,790	14,388,944	-25.5	0.3678	0.2553
2045	2,549,647	27,307,243	1,408,239	13,856,600	-26.5	0.3537	0.2420
2046	2,282,251	26,962,441	1,219,102	13,230,353	-27.5	0.3401	0.2294
2047	2,031,083	26,366,909	1,048,895	12,529,646	-28.5	0.3270	0.2174
2048	1,797,113	25,553,207	896,933	11,772,980	-29.5	0.3144	0.2061
2049	1,580,919	24,542,628	762,334	10,963,482	-30.5	0.3023	0.1953
2050	1,382,582	23,389,014	644,080	10,132,132	-31.5	0.2907	0.1852
2051	1,202,044	22,126,984	540,996	9,294,150	-32.5	0.2795	0.1755
2052	1,038,900	20,794,574	451,844	8,456,714	-33.5	0.2688	0.1664
2053	892,509	19,436,104	375,319	7,634,613	-34.5	0.2584	0.1577
2054	762,177	18,030,097	310,105	6,848,019	-35.5	0.2485	0.1495
2055	647,072	16,621,028	254,895	6,105,558	-36.5	0.2389	0.1417
2056	546,167	15,233,187	208,426	5,416,524	-37.5	0.2297	0.1343
2057	458,411	13,856,964	169,523	4,777,446	-38.5	0.2209	0.1273
2058	382,636	12,500,725	137,131	4,192,264	-39.5	0.2124	0.1207
Present Value	138,786,796	255,091,788	110,291,032	137,746,176			

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment Q3.1.4**  
**Rate Increase Illustration Using the Prospective PV Approach**

1a Present value of projected incurred claims using current assumptions	456,426,226
1b Present value of projected incurred claims using prior rate increase assumptions*	384,341,924
<b>1 Change in present value of incurred claims</b>	<b>79,292,732</b>
2a Present value of projected earned premiums using current assumptions	206,981,090
2b Present value of projected incurred claims using prior rate increase assumptions*	222,429,776
<b>2 Change in present value of earned premiums</b>	<b>-15,448,686</b>
<b>3 <math>(.58+.85*(\text{Cumulative \% rate increase to date}))/ (1+(\text{Cumulative \% rate increase to date}))</math></b>	<b>60%</b>
<b>4 <math>.85*(\text{Present value of projected earned premiums using current assumptions})</math></b>	<b>175,933,927</b>
<b>Rate Increase %:</b>	<b>50%</b>

\*Prior assumptions are from approved 2013 filing. SERFF Tracking No. LFCR-129667784.



**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(01/09)**

**Attachment Q3.1.5**  
**Rate Increase Illustration Using the Prospective PV Approach**

1a Present value of projected incurred claims using current assumptions	255,091,788
1b Present value of projected incurred claims using original pricing assumptions	137,746,176
<b>1 Change in present value of incurred claims</b>	<b>129,080,173</b>
2a Present value of projected earned premiums using current assumptions	138,786,796
2b Present value of projected incurred claims using original pricing assumptions	110,291,032
<b>2 Change in present value of earned premiums</b>	<b>28,495,764</b>
<b>3 <math>(.58 + .85 * (\text{Cumulative \% rate increase to date})) / (1 + (\text{Cumulative \% rate increase to date}))</math></b>	<b>58%</b>
<b>4 <math>.85 * (\text{Present value of projected earned premiums using current assumptions})</math></b>	<b>117,968,776</b>
<b>Rate Increase %:</b>	<b>95%</b>

**Berkshire Life Insurance Company of America**  
**Policy Forms: BG01P(06/04) & BG01P(01/09)**

**Attachment Q3.2.1**  
**If-Knew & Make-up Increase Summary**

Form	If-Knew Increase	Make-up Increase	Target Lifetime Loss Ratio	Percent of Active Policyholders	Blended Increase	With Cost Sharing
BG01P(06/04)	61.8%	254.6%	60%	54.3%	167%	125%
BG01P(01/09)	32.6%	89.2%	63%	85.2%	81%	70%

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment Q3.2.2**  
**Nationwide Projection with If-Knew Increase (61.8%)**

	Calendar Year	With If-Knew Increase			at: 4.50%	
		Earned Premium	Incurred Claims	Loss Ratio	Year End 2018	Disc/Accum Factor
Historical Experience	2004	264,434	0	0.0%	14.5	1.8932
	2005	5,392,012	0	0.0%	13.5	1.8116
	2006	15,046,389	0	0.0%	12.5	1.7336
	2007	29,941,862	338,475	1.1%	11.5	1.6590
	2008	44,896,102	88,682	0.2%	10.5	1.5875
	2009	59,618,931	211,859	0.4%	9.5	1.5192
	2010	70,870,413	2,748,251	3.9%	8.5	1.4537
	2011	76,583,353	817,116	1.1%	7.5	1.3911
	2012	76,778,899	2,606,467	3.4%	6.5	1.3312
	2013	75,457,048	1,304,739	1.7%	5.5	1.2739
	2014	74,510,559	2,685,039	3.6%	4.5	1.2191
	2015	72,078,312	2,359,526	3.3%	3.5	1.1666
	2016	65,838,170	3,204,230	4.9%	2.5	1.1163
	2017	57,674,086	7,387,171	12.8%	1.5	1.0683
	2018	49,290,273	6,071,253	12.3%	0.5	1.0223
Projected Future Experience	2019	35,298,357	6,164,582	17.5%	-0.5	0.9782
	2020	28,900,327	7,384,648	25.6%	-1.5	0.9361
	2021	25,703,573	8,826,054	34.3%	-2.5	0.8958
	2022	24,886,596	10,516,227	42.3%	-3.5	0.8572
	2023	24,102,694	12,488,939	51.8%	-4.5	0.8203
	2024	23,316,224	14,779,180	63.4%	-5.5	0.7850
	2025	22,526,303	17,403,135	77.3%	-6.5	0.7512
	2026	21,695,226	20,382,688	94.0%	-7.5	0.7188
	2027	20,830,403	23,723,770	113.9%	-8.5	0.6879
	2028	19,961,273	27,433,784	137.4%	-9.5	0.6583
	2029	19,046,634	31,498,939	165.4%	-10.5	0.6299
	2030	18,115,608	35,872,549	198.0%	-11.5	0.6028
	2031	17,186,368	40,530,262	235.8%	-12.5	0.5768
	2032	16,236,426	45,392,658	279.6%	-13.5	0.5520
	2033	15,269,106	50,267,736	329.2%	-14.5	0.5282
	2034	14,278,338	55,085,601	385.8%	-15.5	0.5055
	2035	13,297,755	59,702,774	449.0%	-16.5	0.4837
	2036	12,318,999	64,059,964	520.0%	-17.5	0.4629
	2037	11,369,259	68,099,903	599.0%	-18.5	0.4429
	2038	10,438,815	71,712,033	687.0%	-19.5	0.4239
	2039	9,534,381	74,879,466	785.4%	-20.5	0.4056
	2040	8,661,393	77,567,940	895.6%	-21.5	0.3882
	2041	7,824,980	79,618,648	1017.5%	-22.5	0.3714
	2042	7,029,793	80,992,822	1152.1%	-23.5	0.3554
	2043	6,279,611	81,617,538	1299.7%	-24.5	0.3401
	2044	5,577,647	81,421,027	1459.8%	-25.5	0.3255
	2045	4,925,955	80,474,335	1633.7%	-26.5	0.3115
	2046	4,325,759	78,857,472	1823.0%	-27.5	0.2981
	2047	3,777,086	76,597,335	2027.9%	-28.5	0.2852
	2048	3,279,218	73,888,277	2253.2%	-29.5	0.2729
	2049	2,830,839	70,748,537	2499.2%	-30.5	0.2612
	2050	2,429,898	67,240,835	2767.2%	-31.5	0.2499
	2051	2,074,130	63,476,358	3060.4%	-32.5	0.2392
	2052	1,760,635	59,530,366	3381.2%	-33.5	0.2289
	2053	1,486,376	55,516,318	3735.0%	-34.5	0.2190
	2054	1,247,933	51,440,683	4122.1%	-35.5	0.2096
	2055	1,042,062	47,421,630	4550.8%	-36.5	0.2006
	2056	865,634	43,443,068	5018.6%	-37.5	0.1919
	2057	715,477	39,541,231	5526.6%	-38.5	0.1837
	2058	588,706	35,785,443	6078.7%	-39.5	0.1758
	Past	774,240,844	29,822,807	3.9%		
	Future	471,035,796	1,991,384,755	422.8%		
	Lifetime	1,245,276,640	2,021,207,562	162.3%		
Interest	4.50%					
	Past w/ int	1,016,184,260	34,988,516	3.4%		
	Future w/ int	307,497,463	759,323,036	246.9%		
	Lifetime w/ int	1,323,681,723	794,311,552	60.0%		

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(01/09)**

**Attachment Q3.2.3**  
**Nationwide Projection with If-Knew Increase (32.6%)**

Calendar Year		With If-Knew Increase			at: 4.00%	
		Earned Premium	Incurred Claims	Loss Ratio	Year End 2018	Disc/Accum Factor
Historical Experience	2009	526,564	0	0.0%	9.5	1.4515
	2010	5,358,286	0	0.0%	8.5	1.3957
	2011	14,766,252	0	0.0%	7.5	1.3420
	2012	27,095,359	108,448	0.4%	6.5	1.2904
	2013	26,282,725	220,797	0.8%	5.5	1.2407
	2014	25,828,095	732,048	2.8%	4.5	1.1930
	2015	25,320,297	655,197	2.6%	3.5	1.1471
	2016	24,830,873	842,406	3.4%	2.5	1.1030
	2017	24,667,428	884,718	3.6%	1.5	1.0606
	2018	24,519,692	1,176,276	4.8%	0.5	1.0198
Projected Future Experience	2019	23,557,719	1,376,662	5.8%	-0.5	0.9806
	2020	21,226,484	1,664,104	7.8%	-1.5	0.9429
	2021	15,898,461	2,006,764	12.6%	-2.5	0.9066
	2022	11,979,113	2,414,908	20.2%	-3.5	0.8717
	2023	11,704,167	2,901,914	24.8%	-4.5	0.8382
	2024	11,449,357	3,474,955	30.4%	-5.5	0.8060
	2025	11,201,691	4,149,776	37.0%	-6.5	0.7750
	2026	10,937,289	4,937,077	45.1%	-7.5	0.7452
	2027	10,639,148	5,845,759	54.9%	-8.5	0.7165
	2028	10,335,478	6,889,904	66.7%	-9.5	0.6889
	2029	10,011,924	8,073,851	80.6%	-10.5	0.6624
	2030	9,654,672	9,383,905	97.2%	-11.5	0.6370
	2031	9,256,506	10,830,336	117.0%	-12.5	0.6125
	2032	8,867,853	12,396,844	139.8%	-13.5	0.5889
	2033	8,472,756	14,044,191	165.8%	-14.5	0.5663
	2034	8,055,671	15,747,714	195.5%	-15.5	0.5445
	2035	7,633,618	17,480,590	229.0%	-16.5	0.5235
	2036	7,186,692	19,216,339	267.4%	-17.5	0.5034
	2037	6,736,606	20,882,872	310.0%	-18.5	0.4840
	2038	6,287,888	22,450,502	357.0%	-19.5	0.4654
	2039	5,843,989	23,890,225	408.8%	-20.5	0.4475
	2040	5,407,276	25,159,637	465.3%	-21.5	0.4303
	2041	4,978,125	26,204,198	526.4%	-22.5	0.4138
	2042	4,553,776	26,996,027	592.8%	-23.5	0.3978
	2043	4,146,833	27,499,834	663.2%	-24.5	0.3825
	2044	3,755,092	27,712,392	738.0%	-25.5	0.3678
	2045	3,380,832	27,664,707	818.3%	-26.5	0.3537
	2046	3,026,265	27,330,472	903.1%	-27.5	0.3401
	2047	2,693,216	26,733,685	992.6%	-28.5	0.3270
	2048	2,382,972	25,916,168	1087.6%	-29.5	0.3144
	2049	2,096,299	24,896,676	1187.6%	-30.5	0.3023
	2050	1,833,303	23,730,920	1294.4%	-31.5	0.2907
	2051	1,593,910	22,449,801	1408.5%	-32.5	0.2795
	2052	1,377,582	21,098,120	1531.5%	-33.5	0.2688
	2053	1,183,466	19,720,161	1666.3%	-34.5	0.2584
2054	1,010,647	18,297,245	1810.4%	-35.5	0.2485	
2055	858,017	16,870,704	1966.2%	-36.5	0.2389	
2056	724,218	15,464,548	2135.3%	-37.5	0.2297	
2057	607,853	14,065,723	2314.0%	-38.5	0.2209	
2058	507,375	12,687,068	2500.5%	-39.5	0.2124	
Interest	Past	199,195,572	4,619,888	2.3%		
	Future	273,054,140	640,557,279	234.6%		
	Lifetime	472,249,712	645,177,167	136.6%		
Interest	4.00%					
	Past w/ int	234,048,315	5,105,936	2.2%		
	Future w/ int	184,031,291	258,260,384	140.3%		
	Lifetime w/ int	418,079,606	263,366,320	63.0%		

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(06/04)**

**Attachment Q3.2.4**  
**Nationwide Projection with Make-up Increase (254.6%)**

	Calendar Year	With Make-up Rate Increase*			at:	4.50%
		Earned Premium	Incurred Claims	Loss Ratio	Year End 2018	Disc/Accum Factor
Historical Experience	2004	163,433	0	0.0%	14.5	1.8932
	2005	3,332,517	0	0.0%	13.5	1.8116
	2006	9,299,375	0	0.0%	12.5	1.7336
	2007	18,505,477	338,475	1.8%	11.5	1.6590
	2008	27,747,900	88,682	0.3%	10.5	1.5875
	2009	36,847,300	211,859	0.6%	9.5	1.5192
	2010	43,801,244	2,748,251	6.3%	8.5	1.4537
	2011	47,332,109	817,116	1.7%	7.5	1.3911
	2012	47,452,966	2,606,467	5.5%	6.5	1.3312
	2013	46,636,000	1,304,739	2.8%	5.5	1.2739
	2014	46,211,931	2,685,039	5.8%	4.5	1.2191
	2015	46,554,487	2,359,526	5.1%	3.5	1.1666
	2016	43,194,170	3,204,230	7.4%	2.5	1.1163
Projected Future Experience	2017	38,276,849	7,387,171	19.3%	1.5	1.0683
	2018	32,696,564	6,071,253	18.6%	0.5	1.0223
	2019	23,759,846	6,164,582	25.9%	-0.5	0.9782
	2020	28,966,058	7,285,854	25.2%	-1.5	0.9361
	2021	54,810,348	8,042,813	14.7%	-2.5	0.8958
	2022	53,068,225	9,582,997	18.1%	-3.5	0.8572
	2023	51,396,631	11,380,646	22.1%	-4.5	0.8203
	2024	49,719,562	13,467,646	27.1%	-5.5	0.7850
	2025	48,035,133	15,858,747	33.0%	-6.5	0.7512
	2026	46,262,942	18,573,889	40.1%	-7.5	0.7188
	2027	44,418,793	21,618,477	48.7%	-8.5	0.6879
	2028	42,565,456	24,999,256	58.7%	-9.5	0.6583
	2029	40,615,079	28,703,662	70.7%	-10.5	0.6299
	2030	38,629,758	32,689,149	84.6%	-11.5	0.6028
	2031	36,648,245	36,933,528	100.8%	-12.5	0.5768
	2032	34,622,585	41,364,425	119.5%	-13.5	0.5520
	2033	32,559,871	45,806,879	140.7%	-14.5	0.5282
	2034	30,447,156	50,197,197	164.9%	-15.5	0.5055
	2035	28,356,158	54,404,634	191.9%	-16.5	0.4837
	2036	26,269,057	58,375,158	222.2%	-17.5	0.4629
	2037	24,243,830	62,056,584	256.0%	-18.5	0.4429
	2038	22,259,748	65,348,167	293.6%	-19.5	0.4239
	2039	20,331,133	68,234,516	335.6%	-20.5	0.4056
	2040	18,469,571	70,684,409	382.7%	-21.5	0.3882
	2041	16,686,003	72,553,133	434.8%	-22.5	0.3714
	2042	14,990,344	73,805,361	492.4%	-23.5	0.3554
	2043	13,390,655	74,374,638	555.4%	-24.5	0.3401
	2044	11,893,786	74,195,566	623.8%	-25.5	0.3255
	2045	10,504,115	73,332,885	698.1%	-26.5	0.3115
	2046	9,224,257	71,859,506	779.0%	-27.5	0.2981
	2047	8,054,266	69,799,938	866.6%	-28.5	0.2852
	2048	6,992,612	67,331,287	962.9%	-29.5	0.2729
	2049	6,036,486	64,470,174	1068.0%	-30.5	0.2612
	2050	5,181,520	61,273,752	1182.5%	-31.5	0.2499
	2051	4,422,880	57,843,342	1307.8%	-32.5	0.2392
	2052	3,754,382	54,247,525	1444.9%	-33.5	0.2289
	2053	3,169,550	50,589,692	1596.1%	-34.5	0.2190
	2054	2,661,094	46,875,736	1761.5%	-35.5	0.2096
	2055	2,222,094	43,213,342	1944.7%	-36.5	0.2006
	2056	1,845,879	39,587,846	2144.7%	-37.5	0.1919
	2057	1,525,685	36,032,265	2361.7%	-38.5	0.1837
	2058	1,255,357	32,609,773	2597.6%	-39.5	0.1758
Interest	Past	488,052,322	29,822,807	6.1%		
	Future	920,266,150	1,815,768,975	197.3%		
	Lifetime	1,408,318,471	1,845,591,783	131.0%		
	4.50%					
	Past w/ int	638,474,673	34,988,516	5.5%		
	Future w/ int	574,744,780	692,995,352	120.6%		
	Lifetime w/ int	1,213,219,453	727,983,868	60.0%		

\* Proposed rate increase: 254.6%; projection includes 3% shock lapse rate, 11% benefit reduction, and 2% adverse selection

**Berkshire Life Insurance Company of America**  
**Policy Form: BG01P(01/09)**

**Attachment Q3.2.5**  
**Nationwide Projection with Make-up Increase (89.2%)**

	Calendar Year	With Make-up Rate Increase*			at:	4.00%
		Earned Premium	Incurred Claims	Loss Ratio	Year End 2018	Disc/Accum Factor
Historical Experience	2009	397,107	0	0.0%	9.5	1.4515
	2010	4,040,940	0	0.0%	8.5	1.3957
	2011	11,135,937	0	0.0%	7.5	1.3420
	2012	20,433,906	108,448	0.5%	6.5	1.2904
	2013	19,821,060	220,797	1.1%	5.5	1.2407
	2014	19,478,201	732,048	3.8%	4.5	1.1930
	2015	19,095,247	655,197	3.4%	3.5	1.1471
	2016	18,726,148	842,406	4.5%	2.5	1.1030
	2017	18,602,887	884,718	4.8%	1.5	1.0606
	2018	18,491,472	1,176,276	6.4%	0.5	1.0198
Projected Future Experience	2019	17,766,002	1,376,662	7.7%	-0.5	0.9806
	2020	18,688,084	1,648,610	8.8%	-1.5	0.9429
	2021	16,787,479	1,962,562	11.7%	-2.5	0.9066
	2022	15,719,773	2,265,399	14.4%	-3.5	0.8717
	2023	15,358,970	2,722,255	17.7%	-4.5	0.8382
	2024	15,024,593	3,259,818	21.7%	-5.5	0.8060
	2025	14,699,589	3,892,860	26.5%	-6.5	0.7750
	2026	14,352,623	4,631,419	32.3%	-7.5	0.7452
	2027	13,961,383	5,483,844	39.3%	-8.5	0.7165
	2028	13,562,888	6,463,345	47.7%	-9.5	0.6889
	2029	13,138,299	7,573,993	57.6%	-10.5	0.6624
	2030	12,669,490	8,802,940	69.5%	-11.5	0.6370
	2031	12,146,991	10,159,821	83.6%	-12.5	0.6125
	2032	11,636,974	11,629,346	99.9%	-13.5	0.5889
	2033	11,118,502	13,174,704	118.5%	-14.5	0.5663
	2034	10,571,176	14,772,762	139.7%	-15.5	0.5445
	2035	10,017,331	16,398,354	163.7%	-16.5	0.5235
	2036	9,430,846	18,026,641	191.1%	-17.5	0.5034
	2037	8,840,213	19,589,998	221.6%	-18.5	0.4840
	2038	8,251,377	21,060,575	255.2%	-19.5	0.4654
	2039	7,668,864	22,411,163	292.2%	-20.5	0.4475
	2040	7,095,780	23,601,985	332.6%	-21.5	0.4303
	2041	6,532,621	24,581,876	376.3%	-22.5	0.4138
	2042	5,975,762	25,324,683	423.8%	-23.5	0.3978
	2043	5,441,745	25,797,299	474.1%	-24.5	0.3825
	2044	4,927,676	25,996,697	527.6%	-25.5	0.3678
	2045	4,436,548	25,951,964	585.0%	-26.5	0.3537
	2046	3,971,262	25,638,422	645.6%	-27.5	0.3401
	2047	3,534,213	25,078,583	709.6%	-28.5	0.3270
	2048	3,127,091	24,311,679	777.5%	-29.5	0.3144
	2049	2,750,900	23,355,304	849.0%	-30.5	0.3023
	2050	2,405,780	22,261,721	925.3%	-31.5	0.2907
	2051	2,091,633	21,059,917	1006.9%	-32.5	0.2795
	2052	1,807,752	19,791,920	1094.8%	-33.5	0.2688
	2053	1,553,022	18,499,271	1191.2%	-34.5	0.2584
	2054	1,326,237	17,164,449	1294.2%	-35.5	0.2485
	2055	1,125,946	15,826,226	1405.6%	-36.5	0.2389
	2056	950,366	14,507,126	1526.5%	-37.5	0.2297
	2057	797,664	13,194,904	1654.2%	-38.5	0.2209
	2058	665,811	11,901,603	1787.5%	-39.5	0.2124
Past		150,222,905	4,619,888	3.1%		
Future		331,929,254	601,152,701	181.1%		
Lifetime		482,152,159	605,772,589	125.6%		
Interest	4.00%					
	Past w/ int	176,507,025	5,105,936	2.9%		
	Future w/ int	216,267,370	242,509,960	112.1%		
	Lifetime w/ int	392,774,395	247,615,896	63.0%		

\* Proposed rate increase: 89.2%; projection includes 3% shock lapse rate, 11% benefit reduction, and 2% adverse selection

**Berkshire Life Insurance Company of America**

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Company NAIC No. 71714  
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**Long Term Care Insurance Policy:**

**Form BG01P(06/04)-VA**

**Long Term Care Insurance Policy:**

**Form BG01P(01/09)-VA**

Berkshire Life Insurance Company of America (Berkshire Life) is requesting a rate increase on the above listed Long-Term Care (LTC) policy forms. Policy form BG01P(06/04)-VA was issued in Virginia from 2004 through 2010 under product name “Care ProVider” and is referred to as “BG01” in this actuarial memorandum. Policy form BG01P(01/09)-VA was issued in Virginia from 2010 through 2012 under product name “LTC Choice ProVider” and is referred to as “BG04” in this memorandum. The above policy forms are no longer being marketed in any jurisdiction.

**1. Purpose of Filing**

This is a rate increase filing for existing Long-Term Care policy forms. This actuarial memorandum has been prepared for the purpose of demonstrating that the requested rate increase meets the minimum requirements of the 2014 National Association of Insurance Commissioners (NAIC) Long-Term Care Insurance Model Regulation and the applicable regulatory requirements of this jurisdiction. It may not be suitable for other purposes.

**2. Scope of Filing**

This filing applies to the Company’s LTC policy forms as specified above. These forms provide daily benefit for qualified long-term care services in various settings, as summarized in Exhibit A, when the insured meets policy benefit qualification requirements.

The forms included in this filing are individual LTC policies that are guaranteed renewable for life, subject to the Company’s right to change premium rates.

These policy forms were issue age rated and fully underwritten. The issue ages were from 40 to 84 on an age nearest birthday basis, except for endorsed groups where the issue age range was 18 to 84 in some jurisdictions. Strict underwriting criteria were administered with frequent utilization of medical records and paramedical functional assessments, personal history interviews and MIB searches.

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These policy forms were marketed by individual agents of Berkshire Life Insurance Company of America.

The proposed rate increase is applicable to all inforce policies as these forms are no longer being marketed. Paid-up policies will not receive a rate increase.

The number of policyholders and the annual inforce premium, as of December 2018, are displayed in Exhibits A1 and A2. The exhibits also show the average annual premium before and after proposed rate increase.

**3. Reason for the Increase**

A rate increase is necessary at this time due to significantly higher anticipated future and lifetime loss ratios. The higher loss ratios are a result of a combination of lower lapse, lower death, longer claim continuance, and lower investment earnings on the assets.

Berkshire Life has been evaluating this block and updating assumptions based on the actual experience as well as the industry experience. For the policy forms specified above, projected experience is now worse than what original pricing assumptions were projecting. The combined effect of updating the lapse, mortality and morbidity assumptions to better reflect the actual experience, as well as industry data, resulted in the need for a rate increase.

The current premium levels are inadequate. Therefore, the Company is requesting a rate increase to help alleviate the adverse performance on this block of business. Implementing a necessary rate increase earlier reduces the amount of the rate increase.

**4. Requested Rate Increase**

The Company is requesting the approval of the following increases:

BG01: Three-year phase-in flat increase of 25% each year on the current base rates; this is a cumulative 95.3% increase on the current base rates.

BG04: Three-year phase-in flat increase of 20% each year on the current base rates; this is a cumulative 72.8% increase on the current base rates.



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The increase does not vary by issue age or other policy characteristics. The new premium for any contract is equal to the product of the contract's current premium and one plus the base premium increase percentage. Paid-up policies will not be affected by the rate increase.

Please see Exhibits B1 & B2 for rate tables reflecting the rate increase:

Exhibit B1: BG01 proposed rates

Exhibit B2: BG04 proposed rates

Please note that the actual rates implemented may vary from those in the rate pages slightly due to implementation rounding algorithms.

**5. History of Previous Rate Revisions**

**a. BG01**

A flat increase of 25% was approved on August 22, 2016.

**b. BG04**

No prior rate increase has been requested for this policy form.

**6. Actuarial Assumptions**

**a. Interest**

The maximum valuation interest rate for contract reserves has been used for accumulating historical experience and for discounting projected future experience.

Maximum Valuation Interest Rate: BG01: 4.5%  
BG04: 4.0%

**b. Lapse**

The current best estimate ultimate lapse rate is assumed to be 0.65%, formulated by analyzing the trend in lapse rates of later policy durations for the reinsurer's entire similarly underwritten and administered block of LTC policies. Exhibit C shows the reinsurer's actual to expected lapse experience by duration where the expected is based on current best estimate assumptions.

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**c. Mortality**

The current best estimate mortality assumptions are also based on the reinsurer's combined experience. The attained age mortality is assumed to be 100% of the 2012 IAR Table, which consists of the 2012 IAM Period Table along with the use of Scale G2 to project future mortality improvements beyond 2012, with duration selection factors, varied by joint vs. single, shown in Exhibit D1. Mortality selection factors for Single grade from 20% to 100% over 16 years while selection factors for Joint grade from 20% to 100% over 21 years.

Exhibit D2 includes a comparison of actual deaths and expected deaths based on best estimate assumptions for the combined reinsurer's block of LTC policies.

**d. Morbidity**

The current best estimate morbidity assumptions are based on the experience of the reinsurer's entire similarly underwritten and administered block of LTC policies as well. Studies are performed for incidence, continuance, utilization, and recovery from claim data. Incidence rates by gender, marital status, and attained age have been developed.

Claim continuance rates are derived from reinsurer data that has been credibility blended with the latest industry data. Recovery and return to active status is based on the policyholders' attained ages at the time their claims are incurred, grading down from 59% of all claims at age 40, to 8.5% at age 99, and then 0% at age 120. Utilization factors are then applied to the claim costs, which are as follows: 73% for COLA reimbursement policies and 90% for non-COLA reimbursement policies. No underwriting selection durational factors or morbidity improvements are assumed in the projection.

Policy design features have been taken into consideration. Benefit provisions, elimination periods, benefit periods, number of units, benefit growth, etc. have been accounted for either in the development of claim costs or projection model formulas.

Exhibit E1 shows the best estimate incidence rates by gender and marital status. Exhibit E2 demonstrates the best estimate lengths of stay for lifetime benefit period, 90-day elimination period policies with and without 5% Compound COLA.

Attachments E3 and E4 contain the analysis of actual to expected incidence and termination respectively, with expected based on best estimate assumptions, for the combined reinsurer LTC blocks.

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**e. Expenses**

Expenses have not been explicitly projected. It is assumed that the originally filed expense assumptions remain appropriate.

**f. Rate Increase Impact on Policyholder Behavior**

At the time of a rate increase, policyholders have the option to elect a Contingent Benefit Upon Lapse (CBUL) or reduced benefit options (RBO). An increase in morbidity for adverse selection due to the rate increase is also assumed based on the percentage of policyholders that elect CBUL and RBO.

Policyholders who elect a CBUL are modeled as a shock lapse. The shock lapse assumption represents policyholders who are assumed to drop their policies instead of accepting a rate increase. The RBO assumption represents policyholders who are assumed to choose to reduce benefits in order to offset all or some of the rate increase. Adverse selection associated with the requested increase is a function of CBUL and RBO election. The reasoning for a permanent shift in morbidity due to adverse selection is that the insureds remaining after the increase are those who choose to accept the rate increase (i.e., the insureds who think they will use the policy) and are a less healthy population (will use more benefits) than the pre-filing cohort. For those who lapse the policy, the assumption is that the insureds are healthier and less likely to need the policy as they do not value the policy enough to pay a higher premium.

The following provides approximate averages for these assumptions: 3% shock lapse, 11% RBO election rate, and 2% morbidity increase due to adverse selection.

The projections in Attachments F and G assume one fifth of the 1<sup>st</sup> phase increase is expected to occur in 2020 and the remainder in 2021, and half of the 2<sup>nd</sup> phase increase is expected to occur in 2021 and the other half in 2022, and half of the 3<sup>rd</sup> phase increase is expected to occur in 2022 and the other half in 2023.

The above assumptions are based on the experience of policies issued by the Company, reinsurer and industry experience, and actuarial judgement. The best estimate assumptions reflect an estimate of the most likely outcome and do not reflect an explicit margin for conservatism.

**7. Area Factors and Trend Assumptions**

Area factors were not used in pricing for the above listed policy forms. As this is not medical insurance, an explicit medical cost trend is not included in the projections.

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**8. Reserves**

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2018 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve (IBNR) balances as of December 31, 2018 have been allocated to a calendar year of incurral and included in historical incurred claims. Paid claims have been discounted to the incurral date and included in historical incurred claims. Claim reserves are calculated for active and pending claimants as present value of benefit payments discounted by interest and terminations. The IBNR is based on lag factors which are applied to the claim reserves and survivor payments based on the difference between the incurral date and the valuation date.

**9. Past and Future Policy Experience**

Earned premiums and incurred claims for projection years 2019 through 2058 are developed from an active lives model representing actual contracts in force as of December 31, 2018. The best estimate assumptions described above for morbidity, voluntary lapse and mortality are used to project earned premiums and incurred claims.

Nationwide and statewide historical experience and projections before and after proposed rate increase are shown as follows:

<b>Policy Form</b>	<b>Nationwide</b>	<b>Virginia</b>
BG01	Exhibit F1	Exhibit G1
BG04	Exhibit F2	Exhibit G2

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_{t=j}^{2018} Pmt_t^j \times v^{t-j} + {}_jCR_{2018} \times v^{2018-j+0.5} + {}_jIBNR_{2018} \times v^{2018-j+0.5}}{EP_j}$$

$LR_j$  = loss ratio for year  $j$

$Pmt_t^j$  = claim payments in year  $t$  on claims incurred in year  $j$ , assumed to occur midyear

${}_jCR_{2018}$  = claim reserve held on December 31, 2018 for claims incurred in year  $j$

${}_jIBNR_{2018}$  = incurred but not reported reserve as of December 31, 2018 attributable to claims incurred in year  $j$

$EP_j$  = earned premium in year  $j$ , assumed mid-year

**Berkshire Life Insurance Company of America**

**Home Office: Pittsfield, Massachusetts  
Company NAIC No. 71714  
Administrative Office: Post Office Box 4243  
Woodland Hills, California 91365-4243**

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$j$  = year of incurral

- **BG01:**  $v = 1 / 1.045 = 0.956938$
- **BG04:**  $v = 1 / 1.04 = 0.961538$

Future anticipated loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums. Lifetime loss ratio as of December 31, 2018 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at the maximum valuation interest rate.

**10. Analysis Performed**

The originally approved premium schedule was based on pricing assumptions believed to be appropriate, given industry experience available when the originally approved rate schedule was developed. The original pricing assumptions for voluntary lapse, mortality and claim costs were as follows:

**a. Original Pricing Ultimate Lapse**

BG01: 2.00%

BG04: 0.75%

**b. Original Pricing Mortality**

BG01: 1983 GAM

BG04: 1994 GAM with duration selection factors.

**c. Original Pricing Morbidity**

Original pricing claim costs for skilled, intermediate and Facility Care Benefits are derived from The Reports of the Society of Actuaries based on the 1985 National Nursing Home Survey Utilization Data in Transactions, Society of Actuaries, 1988-89-90 Reports; and the Long Term Care Intercompany Study: 1984-1991 Experience in Transactions, Society of Actuaries, 1993-94 Reports. Claim costs factors shown in the original actuarial memorandum are applied to the inforce lives and represent the expected cost per life of incurred benefits.

Original pricing claim costs for Home and Community Based Care are decreasing percentages of Facility Care claims costs derived from information provided by a reinsurer.

Underwriting selection durational factors are:

BG01: 10%, 20%, 40%, 60%, 80%, 100% for durations 6 & later.

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BG04:

Single: 35%, 40%, 45%, 50%, 60%, 80%, 90%, 100% durations 8 & later.

Joint: 21%, 24%, 27%, 30%, 36%, 38%, 48%, 54%, 60%, 66%, 72%, 78%, 84%, 90%, 96%,  
100% for durations 16 & later.

**d. Original Pricing Interest**

BG01: 4.5%

BG04: 5.5%

As part of the inforce management of the business, the reinsurer and administrator of the business monitor the performance of the business by completing periodic actual-to-expected analysis for voluntary lapse, mortality, claim incidence, and claim termination. The findings from these analyses were used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio. An analysis of the projected lifetime loss ratio based on current best estimate assumptions compared to that assumed at the time of original pricing revealed that experience had deteriorated significantly.

The best estimate assumptions used in this filing (described in Section 6) are based on actual inforce experience of the Company, experience of the reinsurer's similarly underwritten and administered LTC products, industry experience, and actuarial judgement. Actual persistency and claim continuance have been higher than what were assumed in original pricing.

**11. Loss Ratio Requirement Compliance Demonstration**

Exhibits F (nationwide) and G (statewide) show actual and projected experience using current best estimate assumptions. Actual experience is provided from inception through 2018 and then projected on a seriatim basis for 40 years using the current assumptions described above in Section 6. Included in Exhibits F and G are calendar year earned premiums, incurred claims, annual loss ratios, and cumulative loss ratios. As shown in Exhibits F and G, the anticipated lifetime loss ratios with the requested rate increase exceed the minimum loss ratio required by pre-rate stability regulation.

Exhibits I1 and I2, for BG01 and BG04 respectively, demonstrate that the requested rate increase meets the 58%/85% minimum loss ratio test under moderately adverse conditions as required by post-rate stability regulation. These exhibits show that the sum of the accumulated value of incurred claims without the inclusion

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of active life reserves, and the present value of future projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

- a. Accumulated value of the initial earned premium times 58%,
- b. 85% of the accumulated value of prior premium rate schedule increases,
- c. Present value of future projected initial earned premiums times 58%, and
- d. 85% of the present value of future projected premiums in excess of the projected initial earned premiums.

Present and accumulated values in the lifetime projections in Exhibits I1 and I2 are determined at the maximum valuation interest rate for contract reserves applicable to long-term care business issued in the years in which the applicable business of this filing was issued.

**12. Proposed Effective Date**

The rate increase will apply to policies on their policy anniversary date following at least a 75-day policyholder notification period after approval.

**13. Nationwide Distribution of Business as of December 31, 2018**

As of December 31, 2018, the number of policies in force that will be affected by this increase by policy form is shown in the following Exhibits:

<b>Policy Form</b>	<b>Nationwide</b>	<b>Virginia</b>
BG01	Exhibit H1	Exhibit H3
BG04	Exhibit H2	Exhibit H4

**Berkshire Life Insurance Company of America**

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**14. Actuarial Certification**

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and am familiar with the requirements for filing long-term care insurance premium rate increases.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8 and No. 18.

The data used to develop this actuarial memorandum was provided by LifeCare Assurance Company, the administrator of the policies, and Employers Reassurance Corporation, the reinsurer of the business. I have reviewed the data for reasonableness.

To the best of my knowledge and judgement, I hereby certify that:

- this rate submission is in compliance with the applicable laws and regulations of the jurisdiction where it is filed;
- policy design, underwriting, and claims adjudication practices have been taken into consideration;
- the rates are not excessive or unfairly discriminatory, and bear reasonable relationship to the benefits based on the loss ratio standards of this jurisdiction;
- ~~this filing will enhance premium adequacy, but may not be sufficient to prevent future rate action. Additional rate increases are needed to certify the rates will remain stable under moderately adverse conditions;~~
- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because the company is no longer marketing new business in any states; and
- If the requested premium rate schedule increase is implemented and the underlying assumptions, which reflect moderately adverse conditions, are realized, no further premium rate schedule increases are anticipated.

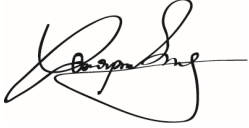


**Berkshire Life Insurance Company of America**

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**Actuarial Memorandum**

~~March~~ May 2020

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a horizontal line extending from the end of the signature.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary

Date: ~~March 3, 2020~~ May 26, 2020

May 26, 2020

Bill Dismore  
Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

**RE:   BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S):           BG01P(06/04)-VA, BG01P(01/09)-VA**  
**TRACKING NUMBER:         LFCR-132210833**

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated May 18, 2020 for the above referenced filing.

**Objection 1**

**Comments:**

**The actuarial certification states this filing will enhance premium adequacy, but may not be sufficient to prevent future rate action.**

- 1)   Please describe the circumstances that would trigger a future rate action.**
- 2)   Please explain why this filing is not sufficient to prevent future rate action.**
- 3)   Describe the company's plan of action as to when they plan to file a future rate action.**

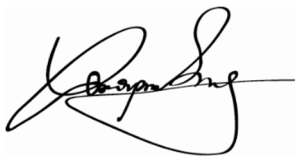
The following statement from the actuarial certification has been removed from the actuarial memo:

*“this filing will enhance premium adequacy, but may not be sufficient to prevent future rate action. Additional rate increases are needed to certify the rates will remain stable under moderately adverse conditions;”*

The revised actuarial memo and corresponding redline copy are attached.

- *Berkshire Rate Filing Actuarial Memo with Attachments VA Rev2*
- *Berkshire Rate Filing Actuarial Memo VA Rev2 Redline*

Sincerely,



Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com

June 3, 2020

Bill Dismore  
Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

**RE: BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S): BG01P(06/04)-VA, BG01P(01/09)-VA**  
**TRACKING NUMBER: LFCR-132210833**

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated June 3, 2020 for the above referenced filing.

**Objection 1**

**Comments:**

**Please provide a response to the following:**

- 1. Please describe the circumstances that would trigger a future rate action.**
- 2. Explain why additional rate increases are needed and why they are not requested in this rate filing.**

1. Future rate action would be triggered if the actual experience deteriorates from the current projections.

2. No additional rate increases are needed based on current projections if the request in this filing is fully approved. The request is summarized below:

- BG01P(06/04)-VA: Three-year phase-in flat increase of 25% each year; this is a cumulative 95.3% increase.
- BG01P(01/09)-VA: Three-year phase-in flat increase of 20% each year; this is a cumulative 72.8% increase.

Sincerely,



Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com

July 29, 2020

Bill Dismore  
Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

**RE:   BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S):           BG01P(06/04)-VA, BG01P(01/09)-VA**  
**TRACKING NUMBER:        LFCR-132210833**

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated July 9, 2020 for the above referenced filing.

**Objection 1**

- **VA Response Letter 01 08 20 (Supporting Document)**

**Comments:**

**The March 3, 2020 response to Objection 13 states that the company is revising its rate request from the initial rate increase submitted on 1/07/2020. Please be more specific as to the requirements in 14VAC5-200-153 B. that prompted the change in the rate increase and what factors changed in order for the company to provide the appropriate certification.**

Under the initial rate increase submitted, the company could not make the certification required by 14VAC5-200-153 B.2.a. A higher increase would be needed for the company to certify that no more future rate increases are anticipated given the underlying assumptions reflecting moderately adverse conditions are realized.

The initial rate increase amounts are based on what the company is currently filing on a nationwide basis for the current rate increase round. They were calculated so that Virginia rates would reach a target rate level consistent with other states. The revised rate increase amounts submitted on 1/07/2020 were calculated based on the highest increases that would pass the 58/85 loss ratio test where the 58% is replaced with each policy form's original pricing loss ratio. Under the revised rate increase, the company would be able to make the certification required by 14VAC5-200-153 B.2.a.

**Objection 2**

- **L&H Actuarial Memorandum (Supporting Document)**

**Comments:**

**Based upon the Prospective Present Value Approach, our actuary suggests that a single 50% rate increase for form BG01P(06/04) and a single increase of 60% for form BG01P(01/09). As the single increase is less than the 3-year cumulative total proposed increases please advise if the Company would be open to accepting this alternative rate increase.**

The company is open to accepting this alternative rate increase.

### **Objection 3**

- **L&H Actuarial Memorandum (Supporting Document)**

#### **Comments:**

**Please provide an explanation for the Virginia cumulative historical and pending average rate increase being so much higher than the cumulative historical and pending average rate increase nationwide.**

The Virginia pending average rate increase is higher than the nationwide average due to the revised rate increase request made in this filing. For most of the states that the company files in, it does not need to make the certification discussed in Objection 1. This means that lower rate increase amounts are requested in other states which explains the difference between the nationwide and Virginia pending average rate increase request.

The Virginia historical cumulative increase is higher than the nationwide average for policy form BG01P(06/04) is because not all states approved the full 25% request like Virginia did. The company will request catch up rate increases for the states that did not approve the full amount.

### **Objection 4**

- **Certification of Compliance (Supporting Document)**

#### **Comments:**

**Please revise the Certification of Compliance to comply with 14VAC5-101-110. The certification must state each applicable form number and the Flesch reading ease score of the filed policy form. Please note that readability must comply with 14VAC5-101-70.**

The Certification of Compliance has been revised to include Flesch scores for each policyholder notice. Please find the revised Certificate of Compliance attached: *VA Cert of Compliance*.

### **Objection 5**

- **L&H Actuarial Memorandum (Supporting Document)**

#### **Comments:**

**Please describe the factor or factors that will prompt the Company to file for a future rate increase. For example, will a lifetime loss ratio that exceeds a minimum percentage be a trigger. Please state the specific trigger(s) for each form that will cause the company to file a future rate increase.**

Future rate action would be triggered if the actual experience deteriorates from the current projections that assume full request amount is approved. For policy form BG01P(06/04), additional rate increases will be requested if the projected lifetime loss ratio exceeds 78%. For policy form BG01P(01/09), additional rate increases will be requested if the projected lifetime loss ratio exceeds 67%.

### **Objection 6**

- **BG01P VA CNF, Other, Policyholder Letter (Form)**
- **BG01P VA NF, Other, Policyholder Letter (Form)**

#### **Comments:**

##### **Page One**

1) **Last sentence in paragraph one should be variable in the event the company decides to do a single premium increase instead of a phased-in increase. Please also update the Statement of Variability for this revision.**

The last sentence in paragraph one has been made variable in the event the company decides to do a single premium increase instead of a phased-in increase. The SOV has been updated. Please see the following attachments for the revised forms as well redline copies.

- *BG01P VA CNF*
- *BG01P VA NF*
- *BG01P Virginia Statement of Variability*
- *BG01P VA CNF redline*
- *BG01P VA NF redline*
- *BG01P Virginia Statement of Variability redline*

**2) Please correct the VA Bureau of Insurance website. The correct website is:**

**<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>**

The webpages on the policyholder letters have been corrected. Please see the following attachments.

- *BG01P VA CNF*
- *BG01P VA NF*

### **Page Three**

**1) Please consider making the customer service phone number and available hours variable in the event they change in the future.**

At this time, the company does not wish to make the customer service phone number or available hours variable at this time.

**2) Consider making the signatory variable in the event of a future change.**

The president's name in the signature section of the policyholder letters has been made variable. The SOV has been updated accordingly. Please see the following attachments.

- *BG01P VA CNF*
- *BG01P VA NF*
- *BG01P Virginia Statement of Variability*

**3) Enclosure must list all documents included with the policyholder notification letter (i.e. business reply envelope, Coverage Change Request Form, etc.)**

The policyholder letters have been updated to list all documents that are included with the letter. Please see page three of the following attachments.

- *BG01P VA CNF*
- *BG01P VA NF*

### **Objection 7**

- **BG01P VA CNF, Other, Policyholder Letter (Form)**
- **BG01P VA NF, Other, Policyholder Letter (Form)**

**Comments:**

**The policyholder letter should have a Mail Date on the form. Please revise to add this. Also update the Statement of Variability. The mail date must comply with 14VAC5-200-75 D demonstrating that the insurer is providing notice of an upcoming premium rate schedule increase at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this regulation.**

The company confirms that it will comply with this regulation. The policyholder letters now contain Mail Dates at the top of page one. The SOV has been updated accordingly. Please see the following attachments.

- *BG01P VA CNF*
- *BG01P VA NF*
- *BG01P Virginia Statement of Variability*

#### **Objection 8**

- **BG01P Virginia Statement of Variability (Supporting Document)**

##### **Comments:**

**The statement of variability (SOV) must be clear and complete as to which and when an item will vary. For example, in the Second Paragraph, the second and third increase percentages may not be applicable if there is no second or third increase. The SOV should clarify if a second and/or third increase has been or is approved by the Virginia Bureau of Insurance.**

The SOV has been updated to clarify which items only apply if multiple rate increases are approved. Please find the revised SOV attached: *BG01P Virginia Statement of Variability*.

#### **Objection 9**

##### **Comments:**

##### **Waiver of Premium**

**Please describe in detail the notification process (including the policyholder's selection of a premium adjustment option) when their premium becomes due once the waiver of premium ends. Describe how much time a policyholder has to respond and what options are available to the policyholder once waiver of premium ends.**

When a policyholder's waiver of premium ends, the company will send them a letter 75 days before their premium is due notifying the policyholder that their waiver of premium has ended and that premium will be due. If there is a pending increase, the company will also send the rate increase notice at this time. The policyholder will have 75 days to respond before their premium is due. When the waiver of premium ends, the policyholder has the following options:

- Continue to pay premium at current rate
- Reduce Benefit Amount
- Adjust Benefit Period or Elimination Period
- Review potential removal of riders
- Exercise Nonforfeiture Option or Contingent Benefit Upon Lapse Option

Details on each of the above options except the first one can be found on page two of the policyholder letters. The Contingent Benefit Upon Lapse Option is provided in *BG01P VA CNF*, while the Nonforfeiture Option is provided in *BG01P VA NF*.

### **Objection 10**

- VA Response Letter 06 03 20 (Supporting Document)

#### **Comments:**

Please expand on your response to Objection 1 in your June 3, 2020 response. Describe specific triggers or factors that will prompt a future rate action by the company (i.e. Lifetime Loss Ratio exceeds a target percentage or other factors).

See response to objection 5.

### **Objection 11**

- BG01P VA CNF, Other, Policyholder Letter (Form)
- BG01P VA NF, Other, Policyholder Letter (Form)

#### **Comments:**

In the second paragraph, the table should be expanded to show the following in order to fully explain the premium changes:

Current Premium [\$xxx.xx] [xx.xx% Increase] [New Premium on Policy Anniversary Date (Current Premium [\$xxx.xx] + [xx.xx% Increase])]

[Yr 2 Current Premium] [\$xxx.xx] [xx.xx% Increase] [New Premium on Policy Anniversary Date (Yr 2 Current Premium [\$xxx.xx] + [xx.xx% Increase])]

[Yr 3 Current Premium] [\$xxx.xx] [xx.xx% Increase] [New Premium on Policy Anniversary Date (Yr 3 Current Premium [\$xxx.xx] + [xx.xx% Increase])]

The Statement of Variability should be updated to reflect the bracketed items.

The table in the second paragraph of the policyholder letters has been expanded to better explain the premium changes. The SOV has been updated accordingly. Please see the following attachments.

- BG01P VA CNF
- BG01P VA NF
- BG01P Virginia Statement of Variability

Sincerely,



Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com



## Notice of Premium Rate Increase (BG01P VA CNF & BG01P VA NF) Variations

### **Heading:**

[Month XX, 20YY] – Mailing date that will vary based on the policyholder’s anniversary date.

[OWNER NAME] – Name of policyholder.

[ADDRESS] – Address line 1 of policyholder.

[ADDRESS] – Address line 2 of policyholder.

[POLICY NUMBER] – Policy number of policyholder.

### **First Paragraph:**

[Month XX, 20YY] – This date will vary based on the policyholder’s anniversary date.

[modal] – The modal will be yearly, semi-annually, quarterly, monthly based on policyholder selection.

[\$aaa~~xxx~~.aa~~x~~ to \$xxx~~yyy~~.xx~~y~~] – The first number is the current premium amount. The second number is the new premium amount.

[Month XX, 20YY] – This date will vary based on the policyholder’s anniversary date.

[Your premium will also increase effective ...] – This sentence will be included if multiple increases are approved by the Virginia Bureau of Insurance.

[Month XX, 20YY + 1] – This date will vary based on the policyholder’s anniversary date. Only applies if a second increase is approved by the Virginia Bureau of Insurance.

[Month XX, 20YY + 2] – This date will vary based on the policyholder’s anniversary date. Only applies if a third increase is approved by the Virginia Bureau of Insurance.

### **Second Paragraph Table:**

#### **Row 1**

[Month XX, 20YY] - This date will vary based on the policyholder’s anniversary date.

[\$aaa.aa] – This is the current premium before any increase.

[xx.x%] – This is the first increase percentage.

[\$xx~~x~~.xx] – This is the new premium amount after the first increase.

~~[xx.x%] – This is the first increase percentage.~~

#### **Row 2**

[[Month XX, 20YY+1]...] – This row only applies if a second increase is approved by the Virginia Bureau of Insurance.

[Month XX, 20YY+1] - This date will vary based on the policyholder’s anniversary date.

[\$xxx.xx] - This is the new premium amount after the first increase.

[Yr 2 Current Premium] - Premium description that only applies if a second increase is approved by the Virginia Bureau of Insurance.

[yy.y%] – This is the second increase percentage.

[\$yyy.yy] - This is the new premium amount after the second increase.

#### **Row 3**

[[Month XX, 20YY+2]...] – This row only applies if a third increase is approved by the Virginia Bureau of Insurance.

[Month XX, 20YY+2] - This date will vary based on the policyholder's anniversary date.

[\$yyy.yy] - This is the new premium amount after the second increase.

[Yr 3 Current Premium] – Premium description that only applies if a third increase is approved by the Virginia Bureau of Insurance.

[zz.z%] – This is the third increase percentage.

[\$zzz.z.zz] - This is the new premium amount after the third increase.

**Fourth Paragraph:**

[If you have qualified...] – The paragraph will only be included if the policyholder qualifies for Waiver of Premium.

**Sixth Paragraph, 1<sup>st</sup> Bullet-Point:**

[\$xxx.xx to \$yyy.yy] – The first number is the current daily benefit amount. The second number is the reduced daily benefit amount which will vary depending on policyholder selection.

[modal] – The modal will be yearly, semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount based on the reduced daily benefit amount.

**Eleventh Paragraph:**

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – Same as above.

[Month XX, 20YY] – Same as above.

**Signature:**

[President's Name] – The president's name will vary based on the current president.

**Coverage Change Request Form Variations**

**Heading:**

[OWNER NAME] – Name of policyholder.

[POLICY NUMBER] – Policy number of policyholder.

[ADDRESS] – Address line 1 of policyholder.

[ADDRESS] – Address line 2 of policyholder.

**Second Paragraph:**

[Month XX, 20YY] – This date will vary based on the policyholder's anniversary date.

[Month XX, 20YY] – Same as above.

**Fifth Paragraph, 1<sup>st</sup> Bullet-Point:**

[\$xxx.xx to \$yyy.yy] – The first number is the current daily benefit amount. The second number is the reduced daily benefit amount which will vary depending on policyholder selection.

[modal] – The modal will be yearly, semi-annually, quarterly, monthly based on policyholder selection.

[\$zzz.zz] – This is the new premium amount if option one is selected.

[Month XX, 20YY] – This date will vary based on policyholder's anniversary date.



**Berkshire Life**  
**Insurance Company of America**

**Notice of Premium Rate Increase**

April 17, 2021

John Doe  
123 Main St  
Anytown, USA

#12 123456789

Re: Berkshire Life Insurance Company of America ("Berkshire Life") Long-Term Care Insurance Policy  
12 123456789

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective July 1, 2021, your next policy anniversary date. As a result, your annual premium payment will increase from \$1,000.00 to \$1,150.00, beginning with the premium payment that is due July 1, 2021. Your premium will also increase effective July 1, 2022.

The following table contains a summary of the changes which will be reflected in your premium:

Anniversary	Before Increase Premium	Increase	New Premium on Policy Anniversary Date
July 1, 2021	\$1,000.00 (Current Premium)	15.0%	\$1,150.00 = \$1,000.00* (1 + 15.0%)
July 1, 2022	\$1,150.00	15.0%	\$1,322.50 = \$1,150.00* (1 + 15.0%)

As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at



**Berkshire Life  
Insurance Company of America**

<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from \$100.00 to \$90.00, your annual premium would be \$1,035.00. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Nonforfeiture Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, you may elect to exercise the nonforfeiture option provided by your policy. Under this option, if you choose not to pay any future premiums, your policy would lapse but coverage would continue according to the terms of your nonforfeiture rider. This option will automatically be provided if your policy lapses for non-payment of premium. All benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

**All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.**

In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by June 1, 2021. In doing so, you will ensure your requested



**Berkshire Life  
Insurance Company of America**

changes are processed prior to July 1, 2021, the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to July 1, 2021, your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Lawrence Hazzard  
President  
Berkshire Life Insurance Company of America

Enclosures:  
Coverage Change Request Form  
Business Reply Envelope



**Berkshire Life  
Insurance Company of America**

**Notice of Premium Rate Increase**

April 17, 2021

John Doe  
123 Main St  
Anytown, USA

#12 123456789

Re: Berkshire Life Insurance Company of America ("Berkshire Life") Long-Term Care Insurance Policy  
12 123456789

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective July 1, 2021, your next policy anniversary date. As a result, your annual premium payment will increase from \$1,000.00 to \$1,150.00, beginning with the premium payment that is due July 1, 2021. Your premium will also increase effective July 1, 2022.

The following table contains a summary of the changes which will be reflected in your premium:

Anniversary	Before Increase Premium	Increase	New Premium on Policy Anniversary Date
July 1, 2021	\$1,000.00 (Current Premium)	15.0%	$\$1,150.00 = \$1,000.00 \times (1 + 15.0\%)$
July 1, 2022	\$1,150.00	15.0%	$\$1,322.50 = \$1,150.00 \times (1 + 15.0\%)$

As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at



**Berkshire Life  
Insurance Company of America**

<https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from \$100.00 to \$90.00, your annual premium would be \$1,035.00. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Period or Elimination Period Adjustments:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.
- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
- **Contingent Benefit Upon Lapse Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a Contingent Benefit Upon Lapse option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. All benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

**All reduction options are not of equal value. In the case of a partnership policy, some benefit reduction options may result in a loss in partnership status that may reduce policyholder protections.**

In the event of future rate increases, similar options will be made available at the time. You also have the option to reduce benefits at any time not just at the time of a rate increase. You have the right to a revised premium or rate schedule upon request.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, please contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.





**Berkshire Life  
Insurance Company of America**

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by June 1, 2021. In doing so, you will ensure your requested changes are processed prior to July 1, 2021, the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to July 1, 2021, your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Lawrence Hazzard  
President  
Berkshire Life Insurance Company of America

Enclosures:  
Coverage Change Request Form  
Business Reply Envelope

November 12, 2020

Bill Dismore  
Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

**RE:   BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S):           BG01P(06/04)-VA, BG01P(01/09)-VA**  
**TRACKING NUMBER:        LFCR-132210833**

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letters dated November 12, 2020 for the above referenced filing.

### **Initial Objection**

#### **Objection 1**

- **BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)**

#### **Comments:**

**Please move the updated Coverage Change forms from the Supporting Documentation tab to the Form Schedule tab since these forms are being revised.**

The updated coverage change request forms have been moved to the Form Schedule tab.

#### **Objection 2**

- **BG01P VA CNF, Other, Policyholder Letter (Form)**
- **BG01P VA NF, Other, Policyholder Letter (Form)**

#### **Comments:**

**Please provide a "John Doe" version of each policyholder notification letter and any accompanying forms (i.e. Change Request Form, etc). The Virginia BOI would like to see the "John Doe" versions as received by a policyholder.**

Please find the John Doe versions of the customer notices and coverage change request forms attached. The John Doe versions provided assume the policy is currently active and not on waiver of premium. If the policy were on waiver, the bracketed paragraph on the first page would be included.

- *BG01P VA CNF John Doe*
- *BG01P VA NF John Doe*
- *BG01P VA CNF CCR John Doe*
- *BG01P VA NF CCR John Doe*

## **Additional Objection**

### **Objection 1**

- **BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)**

#### **Comments:**

**We understand that the coverage change forms were filed as a Supporting Document in the previous filing LFCR-129536537. However, VA regulations have been updated since then.**

**Pursuant to 14VAC5-101-60. 1. the Coverage Change forms should have a form number in the lower left-hand corner of the first page of each form. It must be below all other text contained on the form.**

The coverage change request forms have been revised to have a form number at the bottom left of each form. Please find the revised coverage change request forms attached.

- *BG01P VA CNF CCR*
- *BG01P VA NF CCR*

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a long horizontal flourish extending to the right.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com



Berkshire Life  
Insurance Company of America

### Coverage Change Request Form

John Doe  
123 Main St  
Anytown, USA

#12 123456789

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by June 1, 2021. If your Coverage Change Request Form is not received by July 1, 2021, your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, such as reduction of benefit period or increase in your elimination period, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- ☐ Reduce my current daily benefit amount from \$100.00 to \$90.00, which will result in an annual premium of \$1,035.00 beginning with the premium payment that is due July 1, 2021. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- ☐ Exercise the Nonforfeiture Option provided by my policy.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed

Long Term Care Administrative Office  
Post Office Box 4243 • Woodland Hills, CA 91365-4243 • Telephone: 888-505-8743 • Fax: 818-887-4595  
*Berkshire Life Insurance Company of America, Pittsfield, MA, is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY*



Berkshire Life  
Insurance Company of America

### Coverage Change Request Form

John Doe  
123 Main St  
Anytown, USA

#12 123456789

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- ☐ Reduce my current daily benefit amount from \$100.00 to \$90.00, which will result in an annual premium of \$1,035.00 beginning with the premium payment that is due July 1, 2021. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- ☐ Exercise the Contingent Benefit Upon Lapse Option.

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Signature of Policyholder

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Date Signed

Long Term Care Administrative Office  
Post Office Box 4243 • Woodland Hills, CA 91365-4243 • Telephone: 888-505-8743 • Fax: 818-887-4595  
*Berkshire Life Insurance Company of America, Pittsfield, MA, is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY*



**Berkshire Life**  
**Insurance Company of America**

**Notice of Premium Rate Increase**

[Month XX, 20YY]

[OWNER NAME]

[POLICY NUMBER]

[ADDRESS]

[ADDRESS]

Re: Berkshire Life Insurance Company of America ("Berkshire Life") Long-Term Care Insurance Policy  
[POLICY NUMBER]

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [\$aaa.aa to \$xxx.xx], beginning with the premium payment that is due [Month XX, 20YY]. [Your premium will also increase effective [Month XX, 20YY+1] and [Month XX, 20YY+2].]

The following table contains a summary of the changes which will be reflected in your premium:

Anniversary	Before Increase Premium	Increase	New Premium on Policy Anniversary Date
[Month XX, 20YY]	[\$aaa.aa] (Current Premium)	[xx.x%]	[\$xxx.xx] = [\$aaa.aa] * (1 + [xx.x%])
[[Month XX, 20YY+1]	[\$xxx.xx] [Yr 2 Current Premium]	[yy.y%]	[\$yyy.yy] = [\$xxx.xx] * (1 + [yy.y%])
[[Month XX, 20YY+2]	[\$yyy.yy] [Yr 3 Current Premium]	[zz.z%]	[\$zzz.zz] = [\$yyy.yy] * (1 + [zz.z%])

As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

**If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the**

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Home Office • 700 South Street, Pittsfield, MA 01201

Administrative Office • Post Office Box 4243, Woodland Hills, CA 91365-4243

888-505-8743 • Fax (818) 887-4595



**Berkshire Life**  
**Insurance Company of America**

**increased premium. We will also provide you with an opportunity to discuss options that may help offset the increase in premium.]**

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Some of these options may not be of equal value. Before you make a decision regarding your coverage, you should discuss options with your agent. Please keep in mind if you reduce your benefits, you will be unable to increase them in the future.

- **Benefit Amount Reduction:** By reducing your daily maximum benefit from [\$xxx.xx] to [\$yyy.yy], your [modal] premium would be [\$zzz.zz]. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
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- **Review potential removal of riders:** Each rider included with your policy can be assessed for impact on the premium and your current and future coverage needs.
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**Berkshire Life**  
**Insurance Company of America**

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If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

[President's Name]  
President  
Berkshire Life Insurance Company of America

Enclosures:  
Coverage Change Request Form  
Business Reply Envelope





**Berkshire Life**  
**Insurance Company of America**

**Notice of Premium Rate Increase**

[Month XX, 20YY]

[OWNER NAME]

[POLICY NUMBER]

[ADDRESS]

[ADDRESS]

Re: Berkshire Life Insurance Company of America (“Berkshire Life”) Long-Term Care Insurance Policy  
[POLICY NUMBER]

Dear Policyholder(s):

The purpose of this letter is to advise you that premiums are being raised on all Berkshire Life long-term care policies like yours. The premiums originally charged for your policy were based on a number of factors, such as how long policyholders keep their policy in force and other relevant assumptions. Because individuals are living longer and keeping their policies in force longer, more claims are being filed than the company anticipated when the policy was originally priced. As a result, premiums need to be adjusted to provide sufficient funds to pay current and future claims. The premium for your long-term care insurance policy will increase effective [Month XX, 20YY], your next policy anniversary date. As a result, your [modal] premium payment will increase from [\$aaa.aa to \$xxx.xx], beginning with the premium payment that is due [Month XX, 20YY].[Your premium will also increase effective [Month XX, 20YY+1] and [Month XX, 20YY+2].]

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**If you have qualified for Waiver of Premium, your premiums will continue to be waived at the higher amount. Should premiums again become due on your policy, your billing notice will reflect the increased premium. We will also provide you with an opportunity to discuss options that may help**

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888-505-8743 • Fax (818) 887-4595



**Berkshire Life**  
**Insurance Company of America**

offset the increase in premium.]

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Your policy is guaranteed renewable for life. We can only change the premium for this policy if we change premiums for everyone in your state with the same policy form. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Berkshire Life remains committed to meeting your long-term care protection needs. The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at <https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx>. We will continue to monitor experience on policies such as yours and will only file and implement future rate increases if experience proves this to be necessary.

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- **Contingent Benefit Upon Lapse Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Berkshire Life is offering a Contingent Benefit Upon Lapse option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. **This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date, or if you are on Waiver of Premium, within 120 days after the date you come off Waiver of Premium.** All benefits paid by the insurer while the policy is in premium paying status and in the paid-up status will not exceed the maximum benefits which would be payable if the policy had remained in premium paying status.

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**Berkshire Life**

**Insurance Company of America**

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If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-505-8743, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

[President's Name]

President

Berkshire Life Insurance Company of America

Enclosures:

Coverage Change Request Form

Business Reply Envelope



**Berkshire Life**  
**Insurance Company of America**

**Coverage Change Request Form**

[OWNER NAME]  
[ADDRESS]  
[ADDRESS]

[POLICY NUMBER]

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Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

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**If you wish to discuss other options, such as reduction of benefit period or increase in your elimination period, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- ☐ Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy], which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment that is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- ☐ Exercise the Nonforfeiture Option provided by my policy.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date Signed

Long Term Care Administrative Office  
Post Office Box 4243 • Woodland Hills, CA 91365-4243 • Telephone: 888-505-8743 • Fax: 818-887-4595  
*Berkshire Life Insurance Company of America, Pittsfield, MA, is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY*



**Berkshire**

**Berkshire Life**  
**Insurance Company of America**

**Coverage Change Request Form**

[OWNER NAME]

[POLICY NUMBER]

[ADDRESS]

[ADDRESS]

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Berkshire Life Insurance Company of America  
Long-Term Care Administrative Office  
P.O. Box 4243  
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form by [Month XX, 20YY]. If your Coverage Change Request Form is not received by [Month XX, 20YY], your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you will not be able to increase coverage under your policy in the future.

**If you wish to discuss other options, such as reduction of benefit period or increase in your elimination period, please contact your agent or our office at 888-505-8743.**

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter.

- ☐ Reduce my current daily benefit amount from [\$xxx.xx to \$yyy.yy], which will result in a [modal] premium of [\$zzz.zz] beginning with the premium payment that is due [Month XX, 20YY]. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- ☐ Exercise the Contingent Benefit Upon Lapse Option.

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Signature of Policyholder

---

Date Signed

Long Term Care Administrative Office  
Post Office Box 4243 • Woodland Hills, CA 91365-4243 • Telephone: 888-505-8743 • Fax: 818-887-4595  
*Berkshire Life Insurance Company of America, Pittsfield, MA, is a wholly owned stock subsidiary of The Guardian Life Insurance Company of America, New York, NY*

November 18, 2020

Bill Dismore  
Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

**RE:   BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S):           BG01P(06/04)-VA, BG01P(01/09)-VA**  
**TRACKING NUMBER:        LFCR-132210833**

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated November 13, 2020 for the above referenced filing.

**Objection 1**

- **BG01P Coverage Change VA CNF & BG01P Coverage Change VA NF (Supporting Document)**
- **BG01P VA CNF, Other, Policyholder Letter (Form)**
- **BG01P VA NF, Other, Policyholder Letter (Form)**

**Comments:**

- 1) **Per 14VAC5-101-70 E., "Any form submitted for approval shall be printed in at least 10-point type size."**

**Please make the header text, "Berkshire Life Insurance Company of America" at least the same type size as the rest of the text in the letter. In our review the current text appears to be in 8.5-point type size. We also recommend that the company name be bolded for prominence.**

The header text has been revised to be the same size as the rest of the text. The company name in the header is already bolded. Please see attached forms and corresponding highlighted versions:

- *BG01P VA CNF*
- *BG01P VA NF*
- *BG01P VA CNF CCR*
- *BG01P VA NF CCR*
- *BG01P VA CNF Highlighted*
- *BG01P VA NF Highlighted*
- *BG01P VA CNF CCR Highlighted*
- *BG01P VA NF CCR Highlighted*

- 2) **Per 14VAC5-101-60 2. requires the address of the company's home office appear in prominent print on all other forms.**

**Please add the company's address to BG01P VA CNF and BG01P VA NF forms.**

The home office address along with the administrative office address have been added to the bottom of the first page for the *BG01P VA CNF* and *BG01P VA NF* forms.

## **Objection 2**

- **BG01P VA CNF, Other, Policyholder Letter (Form)**

### **Comments:**

**4th bullet point on page 2, "Contingent Benefit Upon Lapse Option:" we have a concern involving the 2nd to last sentence in the paragraph that begins with, "This option will automatically be provided if your policy lapses for nonpayment of premium within 120 days of the rate increase effective date."**

**The concern arises for those policyholder who are on Waiver of Premium. How would the above sentence apply to a policyholder on Waiver of Premium for more than 120 days following the "rate increase effective date?"**

**Our concern would be addressed if the company amended the sentence to read, "This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date, or if you are on Waiver of Premium, within 120 days after the date you come off Waiver of Premium."**

The 4<sup>th</sup> bullet point on page 2 has been revised to use the suggested sentence.

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a stylized flourish at the end.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com

## FLESCH SCALE CERTIFICATE

FORM NUMBER:

BG01P VA CNF

BG01P VA CNF CCR

BG01P VA NF

BG01P VA NF CCR

NUMBER OF WORDS:      ☒ 10,000 or less. Entire forms were analyzed.  
                                 ☐ More than 10,000 words. 200 word samples per page  
                                 were analyzed.

Berkshire Life Insurance Company of America certifies that a Flesch Scale Readability test has been applied to the above forms. The score for each form is as follows:

BG01P VA CNF..... 40.4

BG01P VA CNF CCR . 37.9

BG01P VA NF ..... 41.9

BG01P VA NF CCR.... 37.0

Officer Name:



Officer Title: Vice President

Date: March 16, 2021



March 16, 2021

Bill Dismore  
Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218-1157

**RE:   BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA**  
**FORM NUMBER(S):           BG01P(06/04)-VA, BG01P(01/09)-VA**  
**TRACKING NUMBER:        LFCR-132210833**

Dear Bill Dismore:

Thank you for reviewing our filing. This is a response to your letter dated March 1, 2021 for the above referenced filing.

**Objection 1**

- **Certification of Compliance (Supporting Document)**

**Comments:**

The certificate of compliance is not in conformity with 14 VAC 5-101-110 because it does not state the Flesch reading score, and a separate certification of readability was not provided. Please revise the Certificate of Compliance and provide us with the Certification of Readability with the Flesch reading scores for each form.

The certification has been revised to include Flesch reading scores. Please find the revised Certification of Compliance and Certification of Readability attached:

- *VA Cert of Compliance rev*
- *Flesch Score Berkshire-VA Filing*

**Objection 2**

- **BG01P VA CNF, Other, Policyholder Letter (Form)**
- **BG01P VA NF, Other, Policyholder Letter (Form)**
- **BG01P VA NF CCR, Other, Coverage Change Request Form (Form)**
- **BG01P VA CNF CCR, Other, Coverage Change Request Form (Form)**

**Comments:**

There are two separate policyholder letters; one to be used with the contingent benefits upon lapse option, and one to be used with the nonforfeiture option.

Both the contingent benefit upon lapse option and the nonforfeiture option state that if no action is taken by the insured within 120 days of the increase, the options will be automatically applied. However, each letter states in the second to last paragraph that if premium is not received by the end of the grace period the policy will lapse. Each change form also states the same thing. These appear to be conflicting statements and the forms should be revised for clarity.

The second to last paragraphs in each policyholder letter have been revised to clarify what option will be exercised if premium is not received. The change forms have also been revised to reflect this change. Please see attached forms:

- *BG01P VA CNF*
- *BG01P VA NF*
- *BG01P VA CNF CCR*
- *BG01P VA NF CCR*

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a long horizontal line extending to the right.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP  
Consulting Actuary  
818-867-2232  
Xiaoyan.Song@LifeCareAssurance.com